Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: October 2, 2017 at 0545 hours

Date of examination: October 4, 2017 at 0225 hours

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of black sandals, a black bra, black underwear and a black dress accompanies the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] female appearing consistent with the listed age of [redacted] years. The length is 70 inches, and the weight is 155 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with blonde hair measuring up to 10 inches on the top of the head. The ears are normally formed with bloody drainage. The earlobes are pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. The fingernails are trimmed short and painted black and white.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are painted gray.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

EXTERNAL EVIDENCE OF INJURY

There is a penetrating gunshot wound to the head. Directions are stated with reference to standard anatomic positions.

PENETRATING GUNSHOT WOUND TO THE HEAD:
ENTRANCE: There is an entrance gunshot wound on the right side of the head. It is centered 2 inches below the top of the head and 3 inches right of midline. It is a 1/8 inch diameter circular defect with a 1/16 inch rim of abrasion. No soot or stippling is noted on the adjacent skin.

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AUTOPSY REPORT

Case Number: [redacted]

PATH: The projectile enters the right side of the skull and fragments into multiple small pieces. There is injury to the brain and multiple skull fractures. There are bilateral periorbital ecchymoses and blood exuding from the ear canals.

DIRECTION: Right-to-left.

SPECIMENS RETAINED

TOXICOLOGY: Central blood and vitreous humor are retained for toxicology. Toxicological testing detected benzoylecgonine (300 ng/mL).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the gunshot wound are taken.

RADIOGRAPHS: Full body radiographs are taken and show multiple small metallic fragments of the head as well as multiple skull fractures.

CAUSE OF DEATH: This [redacted]-year-old [redacted] female, [redacted], died as a result of gunshot wound of head.

MANNER OF DEATH: **HOMICIDE**

Date signed: 12/20/17

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/ag

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Clark County Coroner
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Las Vegas, NV 89106
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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, female, [redacted], appearing about the recorded age of [redacted] years. The body measured 68 inches in length and weighed 127 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of shirt, bra, underwear and shoes. The head was normocephalic and the scalp hair was brown. The eyes had white sclerae, pale conjunctivae, and brown irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was flat. The external genitalia were those of a normal adult female. There were tattoos on midline lower back and right foot. There was a scar on the back of the head and suprapubic area. A plastic bracelet encircled the right wrist.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

PERFORATING GUNSHOT WOUND TO THE BACK:

There was a 0.4 cm x 0.4 cm round through and through entrance gunshot wound on the back, 13 inches below the top of the head and 5-3/4 inches right of the posterior midline. There was no soot or gunpowder stippling noted on the skin surrounding this wound. There was a 1 inch x ½ inch cluster of abrasions adjacent to the wound. The wound track proceeded from this injury through the soft tissue of the back, right scapula,

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AUTOPSY REPORT

Case Number: [redacted]

posterior right chest wall, right lung, heart, left lung, left wing of the diaphragm, soft tissue of the left lateral chest wall and ended at an exit wound on the side of the left chest, 25 inches below the top of the head and 5 inches left of the anterior midline and with a 2-1/2 inch x 1 inch cluster of surrounding abrasions. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces of at least 30 mL in the right pleural cavity and at least 25 mL in the left pleural cavity. The wound track was from back to front, right to left and downward when the body is viewed in the standard anatomical position.

Additional injuries:

There was a 5 inch x 4-1/2 inch cluster of abrasions on the midline lower back. There was a 5 inch x 5 inch cluster of abrasions on the right buttock. There was a ½ inch x ½ inch pink contusion on the medial right antecubital fossa. There was a 2-1/2 inch x 2-1/2 inch cluster of abrasions on the posterior left arm. There was a 1-1/4 inch x ½ inch cluster of abrasions on the posterior left elbow. There was a ¼ inch x ¼ inch cluster of abrasions on the posterior left hand, between the third and fourth metacarpal area. There was a 1-1/2 inch x 1-3/4 inch cluster of abrasions on the lateral proximal right thigh. There was a ½ inch x ¼ inch abrasion on the right knee. There was a 1/8 inch x 1/8 inch abrasion and a ¾ inch x ½ inch pink contusion on the anterior right leg. There was a 2-1/2 inch x 1 inch cluster of abrasions on the lateral surface of the right ankle. There was a 2-1/2 inch x ¾ inch cluster of abrasions on the anterior left thigh.

SPECIMEN RETAINED: None

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury. Additionally, there were four screws

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AUTOPSY REPORT

Case Number: [redacted]

identified on the top back region of the skull from prior cranial surgery.

FINAL DIAGNOSES

1. Perforating gunshot wound to the right back
2. Abrasions on the midline lower back, right buttock, posterior left arm, elbow, and hand, lateral proximal right thigh, right knee, leg, and ankle and anterior left thigh.
3. Contusions on the anterior right elbow and anterior right leg

OPINION:

It is my opinion that death was caused by gunshot wound to the right back sustained during mass fatality incident.

PERFORATING GUNSHOT WOUND TO THE BACK:

There was a through and through entrance gunshot wound on the right upper back. There was no evidence of close range of firing noted on the skin surrounding this wound. There was a cluster of abrasions adjacent to the wound. The wound track proceeded from this injury through the soft tissue of the back, right scapula, posterior right chest wall, right lung, heart, left lung, left wing of the diaphragm, soft tissue of the left lateral chest wall and ended at an exit wound on the side of the left lower chest with associated cluster of surrounding abrasions. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces. The wound track was from back to front, right to left and downward when the body is viewed in the standard anatomical position.

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AUTOPSY REPORT

Case Number: [redacted]

Associated injuries included abrasions on the midline lower back, right buttock, posterior left arm, elbow, and hand, lateral proximal right thigh, right knee, leg, and ankle and anterior left thigh, and contusions on the right elbow and right leg.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.185 g/100 mL.

CAUSE OF DEATH: Gunshot wound to the right back

MANNER: HOMICIDE

DATE: 12/20/2017

Leonardo Roquero, M.D.
Medical Examiner
LR/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of chest.
II. Mild dilated cardiomyopathy.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of chest**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]-year-old male, [redacted], died as a result of gunshot wound of chest.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/kra/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0545 hours on October 2, 2017

Date of autopsy: 2145 hours on October 4, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of camouflage shorts, a gray shirt, and black underwear accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] male appearing consistent with the listed age of [redacted] years. The length is 72 inches, and the weight is 254 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is closely shaved. There is a beard and mustache on the face. The ears are normally formed and without drainage. The earlobes are not pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae are free of petechiae. The sclerae are white. The nose is intact, and bloody fluid exudes from the nares. The lips are normally formed. The teeth are natural.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and clean and do not extend beyond the fingertips.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and clean.

BODY MARKINGS (SCARS AND TATTOOS):
Scars:
1. A 2-1/2 x 1/8 inch scar on the right hip.
2. A 15 x 1/16 inch curvy linear scar on the lower abdomen.

Tattoos:
1. A monochromatic tattoo of a symbol and "No Regrets" on the right upper arm.
2. A monochromatic tattoo of a cross on the left upper arm.

INJURIES, EXTERNAL AND INTERNAL

There is a penetrating gunshot wound of the chest. The directions are stated with reference to the standard anatomic positions.

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AUTOPSY REPORT

Case Number: [redacted]

PENETRATING GUNSHOT WOUND OF CHEST:

ENTRANCE: There is an entrance gunshot wound on the left side of the chest. It is centered 21-1/2 inches below the top of the head and 15-1/2 inches left of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. There is no soot or stippling on the adjacent skin.

PATH: The projectile enters the left side of the chest through the 9th intercostal space on the left, fracturing the left 10th rib, perforating the lower lobe of the left lung, perforating the spleen, the aorta, the liver, and the middle lobe of the right lung. A fragment of the projectile is recovered from the right lung. There are bilateral hemothoraces (1000 ml each) and small hemoperitoneum (200 ml).

PROJECTILE/SITE OF LODGEMENT: A fragmented jacket is recovered from the lung parenchyma of the right lung.

DIRECTION: Left-to-right, back-to-front, and slightly downward.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 3.0 cm in thickness. The bilateral hemothoraces and hemoperitoneum are described above. The body cavities have no hemorrhage or abnormal fluid. The serosal surfaces are smooth, glistening, and without adhesions. The organs are normally located. The diaphragm is not intact.

CARDIOVASCULAR SYSTEM: See Injuries External and Internal. The heart weighs 440 grams and is mildly enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. The coronary arteries have up to 30% yellow atherosclerotic stenosis.

The myocardium is red-brown, firm, and uniform without focal fibrosis, softening, or hyperemia. The ventricles are dilated.

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The right ventricle, left ventricle, and interventricular septum measure 0.3 cm, 0.7 cm, and 0.8 cm, respectively.

The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta follows its usual course and has minimal atherosclerotic changes. There is a defect in the thoracic aorta. The vena cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: See Injuries External and Internal. The right and left lungs weigh 420 and 410 grams, respectively, and have the usual lobation. The pleura are smooth and glistening with focal defects with surrounding hemorrhage; the lungs have a moderate amount of anthracotic pigment. The lungs are well expanded and crepitant. The parenchyma is dark red and exudes moderate amounts of fluid. The lungs have no consolidation, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain no foreign material and have tan-pink mucosa.

HEPATOBILIARY SYSTEM: See Injuries External and Internal. The liver weighs 1740 grams. The capsule is not intact and there is focal hemorrhage in the area of defect. The parenchyma is red-brown and otherwise uniform.

The gallbladder contains less than 5 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

HEMOLYMPHATIC SYSTEM: See Injuries External and Internal. The spleen weighs 140 grams. The capsule is not intact. There is focal hemorrhage. The parenchyma is otherwise maroon and firm.

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There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

GASTROINTESTINAL SYSTEM: See Injuries External and Internal. The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 100 ml of food material and bloody fluid. The gastric mucosa is not intact. The duodenal mucosa is intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 170 and 160 grams, respectively, and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains no urine. The mucosa is intact, and the bladder wall is not hypertrophied.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. There are no fractures of the clavicles, sternum, vertebrae, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm.

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AUTOPSY REPORT

Case Number: [redacted]

HEAD: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1530 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions.

SPECIMENS RETAINED

TOXICOLOGY: Samples of chest blood and peripheral blood, vitreous humor and liver are retained for toxicology. Toxicological testing detected ethanol (0.219 g/100mL).

HISTOLOGY: Representative sections of organs and tissues are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the gunshot wound and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show the projectile in the right chest area.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Left Back, Penetrating (see injury description).
2. Hemothorax, Left, Chest.
3. Hemopericardium, Heart.
4. Aspiration of Blood, Lungs.
5. Pale Internal Organs consistent with Acute Blood Loss.
6. Pulmonary Edema, Bilateral, Lungs.

OPINION

CAUSE OF DEATH: It is my opinion that this [redacted]-year-old female, [redacted], died as a result of GUNSHOT WOUND OF THE LEFT BACK.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 20 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

LS/rg/amu

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1645 hours, October 3, 2017.

CLOTHING: The body is received unclothed; a paper ID bracelet is present on the left wrist; accompanying the body are black bottoms, black underwear, patterned top, and black bra.

EXTERNAL EXAMINATION: The body is that of a normally developed obese adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly and over the head, neck, and shoulders. The head hair is dark. The uninjured scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest is unremarkable. The abdomen demonstrates striae but is otherwise unremarkable. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length. The external genitalia are female and a perineal pad is present. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF TATTOOS:

COMMENT: Multiple tattoos are present some of which are as follows:

1. A heart located in the right lower abdomen.

2. A circumferential iconographic tattoo at the left ankle.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present. Remote medical intervention is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

2. Postmortem regional radiograph of the chest demonstrates opacification of the left lung field; a left-to-right mediastinal shift is present; ballistically significant and insignificant bullet fragments are scattered over the left chest; the soft tissues of the left chest demonstrate air; the left posterolateral sixth rib demonstrates fracture.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrate ballistically insignificant bullet fragment projected over the left upper abdomen.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **left back** 15.5 inches from the top of the head and 6.1 inches to the left of midline is a gunshot wound of entrance that measures 0.22 in overall dimensions; the wound is composed of a central hole measuring 0.12 inch

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in dimension and a circumferential abrasion, measuring up to 0.05 inches in dimension. The wound is associated with ecchymosis.

The bullet courses through the skin and subcutaneous tissues of the left back and enters the left pleural cavity through the sixth rib; the bullet courses through the upper lobe of the left lung and is associated with contusion of the lower lobe of the left lung; the bullet grazes the base of the left ventricle [including the anterior descending branch, major artery branches and diagonal branches of the left coronary artery] and exits through the left parasternal thoracic cage in the second intercostal space.

The left pleural cavity contains 1800 ml of liquid blood and 100 grams of clot. The pericardial sac contains 50 ml of liquid blood; the soft tissues of the left chest demonstrate broad areas of hemorrhage.

Multiple jacket and deformed lead bullet fragments are recovered from the soft tissues of the central and left chest.

The bullet courses from back-to-front and left-to-right directly. Examination of the wound entrance shows no evidence of close range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The right upper arm demonstrates several irregular ecchymosis.

2. The right lower arm demonstrates several irregular ecchymosis at various stages of healing.

3. The left knee demonstrates a curvilinear dermal scar.

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Case Number: [redacted]

4. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

5. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

6. The left elbow demonstrates an irregular abrasion.

7. The left upper arm demonstrates several irregular ecchymosis.

8. Epistaxis is present.

9. The plantar surface of the feet demonstrates adherent detritus.

10. The skin surfaces of the lateral aspect of the left lower leg demonstrate broad area of adherent black-gray material.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	69 inches
Weight:	283 pounds
Heart:	405 grams
Lungs:	900 grams
Liver:	2150 grams
Spleen:	205 grams
Kidneys:	320 grams
Brain:	1380 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

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AUTOPSY REPORT

Case Number: [redacted]

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially-fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

The prevertebral soft tissue and muscles of the cervical vertebral column show no evidence of antemortem hemorrhage. The anterior cervical vertebral column shows no evidence of hemorrhage, fracture or dislocation.

CARDIOVASCULAR SYSTEM: The aortic vessels are unremarkable.

The coronary arteries have a normal surface course and configuration; coronary circulation is right dominant. On serial sectioning, except for the findings previously described the left coronary system and right coronary system exhibit no significant pathologic changes.

Except for the findings previously described, the epicardial surfaces of the heart are unremarkable.

The valves of the heart are unremarkable; the left ventricular wall thickness ranges from 1.3 to 1.5 cm. On serial sectioning, except for the findings previously described the myocardium is

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AUTOPSY REPORT

Case Number: [redacted]

unremarkable. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi demonstrate aspirated blood. The pulmonary vessels are unobstructed. On serial sectioning in addition to the findings previously described the pulmonary parenchyma demonstrates aspirated blood and edema.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a normal consistency and color. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is a few milliliters of brown fluid. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex is pale with normal thickness. The calyces, pelves and ureters are unremarkable.

The uterus, fallopian tubes and ovaries are present and unremarkable. The endometrium is hemorrhagic.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale and has a faint nodular appearance. The adrenal glands have a normal size and on serial sectioning are pale. The rest of the endocrine system shows no identifiable abnormalities.

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AUTOPSY REPORT

Case Number: [redacted]

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Multiple jacket and small caliber lead bullet fragments recovered from the soft tissues of the central and left chest to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Postmortem peripheral blood (iliac vein).
3. Liver tissue.
4. Bile.
5. Brain tissue.
6. Vitreous humor.
7. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

FINAL ANATOMIC DIAGNOSES

I. Penetrating gunshot wound of the head.
   A. Entrance wound: left parietal scalp.
   B. The path of the missile is (anatomic position): left-to-right, back-to-front, and downward.
   C. Recovered: deformed copper jacket and lead fragment projectile.

SUMMARY AND INTERPRETATION

This [redacted]-year-old [redacted] female, [redacted], died as a result of a gunshot wound of the head. The projectile entered the left parietal scalp and passed through the left parietal and right frontal lobes of the brain. With the information available to me at this time, the manner of death, in my opinion, is homicide.

CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH: HOMICIDE.

CIRCUMSTANCES OF DEATH: The decedent was shot during a mass fatality incident.

Jerry J. Hodge, D.O.
JH/kra/ag

DATE: 20 Dec 2017

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

DATE AND TIME OF DEATH: October 2, 2017 at 0545 hours.

DATE AND TIME OF AUTOPSY: October 4, 2017 at 0255 hours.

FORENSIC PATHOLOGIST: Jerry J. Hodge, D.O.

CLOTHING AND PERSONAL EFFECTS

The body is received unclad. Accompanying the decedent is a pair of jean shorts, white shirt, gray socks, white bra, and black underwear.

EVIDENCE OF MEDICAL INTERVENTION

There is no evidence of medical intervention on the body at the time of autopsy.

EXTERNAL EXAMINATION

The unembalmed body is that of an adult [redacted] female with a weight of 117 pounds and a body length of 67 inches. Rigor mortis is fixed and symmetric in all extremities. Livor mortis is fixed in the posterior aspect of the body, except in areas exposed to pressure. The body temperature is cool to touch.

The scalp hair is dark brown in color and measures 12-14 inches in length. The irides are hazel. The teeth are natural and in good repair. Each earlobe is pierced once. Evidence of trauma to the head will be described below in the Evidence of Injury section.

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AUTOPSY REPORT

Case Number: [redacted]

The thorax is symmetrical and normally developed. The abdomen is flat. The external genitalia are those of an adult female. There is no evidence of trauma to the torso or to the urogenital area.

The upper extremities are normally developed and symmetrical with no clubbing or edema. The hands and fingers show no evidence of trauma. The fingernails are intact. The lower extremities are normally developed and symmetrical with no edema. There is a Clark County Office of the Coroner/Medical Examiner (CCOCME) identification band on the right great toe.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

The decedent has a single tattoo in the mid low back. 2 inch well-healed surgical scars underlie each breast consistent with breast implant surgery. No other identifying body marks are noted.

EVIDENCE OF TRAUMA

GUNSHOT WOUND OF THE HEAD:

In the left parietal scalp 3/4 inches below the top of the head and 1-3/4 inches left of the midline is a 1/8 x 1/8 inch gunshot entrance wound with an eccentric 1/8 inch abrasion ring at the lateral margin (6 to 12 o'clock position). The scalp is reflected revealing diffuse subgaleal hemorrhages of the scalp. A 3/8 x 1/4 inch oval skull defect with internal beveling underlies the scalp entrance wound. The skull wound is surrounded by displaced fractures of the parietal skull with linear displaced fractures extending anteriorly to the frontal skull. Removal of the calvarium reveals diffuse subarachnoid hemorrhages of the brain. The projectile enters the superior aspect of the left parietal lobe, courses through the lobe before entering and perforating the right frontal lobe. Diffuse

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AUTOPSY REPORT

Case Number: [redacted]

cortical contusions are demonstrated along the wound track. A 5/16 x 1/4 inch deformed copper jacket and a 3/8 x 1/4 inch deformed lead fragment are recovered underlying the dura mater of the right frontal lobe. The path of the missile is (anatomic position): left-to-right, back-to-front and downward.

A 1/2 x 1/4 inch contused abrasion is above the lateral aspect of the right eyebrow and a 1/2 x 3/8 inch contused abrasion located on the nasal bridge. These contusions are likely a consequence of terminal collapse.

INTERNAL EXAMINATION

NERVOUS SYSTEM:

Injuries to the scalp, skull and brain have been described and will not be repeated. Aside from the injuries, the 1210-gram brain displays good preservation of cerebral symmetry without flattening of gyri or widening of sulci. Convolutional patterns remain intact. External landmarks are readily identified. There is no evidence of herniation or either diffuse or localized swelling. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. Atherosclerotic changes are not demonstrated.

TOXICOLOGY SPECIMENS

Samples of vitreous fluid and urine are collected. Urine toxicology is positive for ethanol. No illicit drugs are detected.

MICROSCOPIC DESCRIPTION

Representative sections of brain tissue are retained in formalin without preparation of glass slides.

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AUTOPSY REPORT

Case Number: [redacted]

ADDITIONAL PROCEDURES

Photographic and radiographic images, fingerprints, and a DNA card are obtained at the time of autopsy. Review of postmortem radiographs shows fractures of the skull as described grossly. Projectile fragments are visualized as grossly and recovered at autopsy. Radiographs of the chest, abdomen, and pelvis show no evidence of skeletal injuries or abnormalities.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Right Lateral Chest, Penetrating (see injury description).
2. Hemothorax, Bilateral, Chest.
3. Mediastinal Hemorrhage, Chest.
4. Aspiration of Blood, Lungs.
5. Pale Internal Organs consistent with Acute Blood Loss.
6. Pulmonary Edema, Bilateral, Lungs.
7. Status Post Cholecystectomy.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old female, [redacted], is GUNSHOT WOUND OF THE RIGHT LATERAL CHEST.

MANNER OF DEATH: HOMICIDE.

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

DATE: Dec 20 2017

LS/kra/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1150 hours, October 3, 2017.

CLOTHING: The body is received unclothed. A paper identification bracelet is present on the right wrist. Accompanying the body is a pink dress, tan bra, brown boots, black socks, jean shirt, black top, black camisole, and green underwear.

EXTERNAL EXAMINATION: The body is that of a normally developed adult. Rigor mortis is absent. Lividity is present posteriorly. The head hair is dark and long. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest is unremarkable; the abdomen demonstrates striae, but is otherwise unremarkable. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and the fingernails and toenails demonstrate decoration. The external genitalia are female. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF TATTOOS:

COMMENT: Multiple tattoos are present, some of which are as follows:

1. Located on the dorsal surface of the right foot is a bow and arrow.

2. Located on the left lateral thigh are flowers.

3. Located on the lateral aspect of the right ankle is a bumble bee.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; remote medical intervention is present.

1. Postmortem regional radiographs of the head, neck and chest demonstrate a small caliber bullet projected over the left clavicle; soft tissues of the chest demonstrate broad areas of air.

2. Postmortem regional radiographs of the abdomen and pelvis are unremarkable.

3. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located on the **right lateral chest** 18.6 inches from the top of the head and the posterior axillary line is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension associated with a circumference abrasion collar measuring up to 0.05 inch in dimension.

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AUTOPSY REPORT

Case Number: [redacted]

The bullet courses through the skin and subcutaneous tissues of the right lateral chest and enters the right pleural cavity through the 7th intercostal space; the bullet courses upward through the chest coursing through the lower lobe of the right lung and the aorta as it crosses the midline; the bullet courses through the upper lobe of the left lung and exits from the left apical pleural cavity through the 1st rib; an intact small caliber partial metal jacket bullet is recovered from the soft tissues of the left shoulder.

The mediastinum demonstrates diffuse hemorrhage; the right pleural cavity contains 500 ml of liquid blood; the left pleural cavity contains 1000 ml of liquid blood.

The bullet courses from right-to-left and upward directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The skin surfaces of the knees and thighs bilaterally demonstrate broad areas of adherent black-gray material.

2. The knees bilaterally demonstrate scattered irregular and curvilinear abrasions.

3. The left elbow demonstrates several irregular and curvilinear abrasions.

4. The intramammary skin bilaterally demonstrates curvilinear abrasions.

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AUTOPSY REPORT

Case Number: [redacted]

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	69 inches
Weight:	198 pounds
Heart:	305 grams
Lungs:	800 grams
Liver:	1600 grams
Spleen:	110 grams
Kidneys:	300 grams
Brain:	1360 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

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AUTOPSY REPORT

Case Number: [redacted]

The prevertebral soft tissue and muscles of the cervical vertebral column show no evidence of antemortem hemorrhage. The anterior cervical vertebral column shows no evidence of hemorrhage, fracture or dislocation.

CARDIOVASCULAR SYSTEM: Except for the findings previously described, the aorta and great vessels are unremarkable. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit no significant pathologic changes.

The valves of the heart are unremarkable. The ventricular chambers are unremarkable. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi demonstrate aspirated blood. The pulmonary vessels are unobstructed. On serial sectioning, in addition to the findings previously described, the pulmonary parenchyma demonstrates broad areas of aspirated blood associated with generalized edema.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a pale tan-yellow hue and a firm consistency. The gallbladder is absent; the rest of the biliary tract is unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is 400 milliliters of gray-brown paste admixed with digesting food particles. The stomach, small bowel and colon

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AUTOPSY REPORT

Case Number: [redacted]

are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex has a normal thickness and is pale. The calyces, pelves and ureters are unremarkable.

The uterus, fallopian tubes and ovaries are present and unremarkable. The endometrium has a normal appearance.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The adrenal glands have a normal size and on serial sectioning are pale. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Small caliber intact jacket hollow point bullet recovered from the soft tissues of the front of the left shoulder to custody of Las Vegas Metropolitan Police Department.

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AUTOPSY REPORT

Case Number: [redacted]

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem peripheral blood (iliac vein).
2. Postmortem chest blood.
3. Vitreous humor.
4. Liver tissue.
5. Brain tissue.
6. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL DIAGNOSES

1. **Gunshot wound to the head**
2. **Abrasions on the right side of the forehead, left lower back and posterior right arm**

OPINION:

It is my opinion that death was caused by gunshot wound to the head sustained during mass fatality incident.

PENETRATING GUNSHOT WOUND TO THE HEAD:

There was an entrance wound on the forehead. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the scalp, frontal bone, meninges, frontal lobe of the brain, ethmoid, maxilla including the hard palate, right side of the oral cavity, vessels of the proximal right side of the neck, right thyroid gland, soft tissue of the right side of the neck and soft tissue of the anterior shoulder where a deformed jacketed bullet was recovered. Associated injuries included subarachnoid hemorrhage of the bilateral cerebral hemispheres, bilateral periorbital contusions and soft tissue hemorrhage. The wound track was left to right and downward when the body is viewed in the standard anatomical position.

Additional injuries on the right side of the forehead, left lower back and back of the right arm.

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AUTOPSY REPORT

Case Number: [redacted]

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.051 g/100 mL.

CAUSE OF DEATH: Gunshot wound to the head

MANNER: HOMICIDE

DATE: 12/20/2017

Leonardo Roquero, M.D.
Medical Examiner

LR/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 1, 2017
Date of Postmortem Examination: October 3, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification number. The body was that of a normally developed and nourished [redacted] male, appearing about the recorded age of [redacted] years. The body measured 71 inches in length and weighed 199 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing consisted of a shirt, shorts, underwear, cap, left ankle support, socks and shoes. The scalp hair was brown. The eyes had white sclerae, pale conjunctivae, and brown irides. The dentition was natural. There was stubble. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical and unremarkable. The abdomen was rounded. There was a scab on the posterior right forearm. The external genitalia were those of a normal adult circumcised male. There was a pain relief pad on the right shoulder and right foot.

EVIDENCE OF TREATMENT:

Electrocardiograph pads were in place.

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE HEAD:

There was 1.7 cm x 1.2 cm ovoid entrance wound on the head, 2-1/4 inches below the top of the head and 1/4 inches right of the anterior midline. The wound had a 1/2 inch laceration at 6 o'clock position and a surrounding contusion. There was no soot or gunpowder stippling noted on the skin surrounding this wound.

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AUTOPSY REPORT

Case Number: [redacted]

The wound track proceeded from this injury through the scalp, frontal bone, meninges, bilateral frontal lobes of the brain, cribriform plate, ethmoid, maxilla including the hard palate, right side of the oral cavity, vessels of the proximal right side of the neck, right thyroid gland, soft tissue of the right side of the neck and soft tissue of the anterior shoulder where a deformed jacketed bullet was recovered. Associated injuries included subarachnoid hemorrhage of the bilateral cerebral hemispheres, bilateral periorbital contusions and soft tissue hemorrhage. The wound track was left to right and downward when the body is viewed in the standard anatomical position.

Additional injuries:

There was a 1-1/4 inch x 1 inch abrasion on the right side of the forehead. There was a 4 inch x 4 inch abrasion on the left lower back. There was a 1/2 inch x 1/4 inch abrasion on the posterior right arm.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Brain:	1330
Heart:	550
Right Lung:	640
Left Lung:	660
Liver:	2300
Spleen:	140
Right Kidney:	190
Left Kidney:	150

An autopsy was performed utilizing the normal thoraco-abdominal and posterior coronal scalp incisions. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and the viscera were in their normal anatomical positions. **Except for the above previously described injuries**, the internal systems were as follows:

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AUTOPSY REPORT

Case Number: [redacted]

Head:
The 1330 gm brain was free of neoplastic lesions.

Neck:
No abnormality was noted in the hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:
The 550 gm enlarged heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease. No acute thrombi were present. The left ventricle, septum and right ventricular wall measured 1.5 cm, 1.3 cm, and 0.4 cm in thickness, respectively. The papillary muscles and left ventricular free wall had endomyocardial fibroses. The valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:
The larynx and trachea were unremarkable. The right and left lungs weighed 640 gm and 660 gm, respectively. There was passive congestion in the parenchyma. No pulmonary emboli were identified.

Hepatobiliary System:
The 2300 gm liver had firm dark tan surfaces and a yellow-tan parenchymal pattern. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:
The 140 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:
The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and

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AUTOPSY REPORT

Case Number: [redacted]

unremarkable rugal pattern and the contents of the stomach consisted of approximately 250 mL of partially digested food.

Pancreas:
The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:
The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:
The right and left kidneys weighed 190 gm and 150 gm, respectively. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:
Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: October 2, 2017 at 0545 hours

Date of examination: October 2, 2017 at 2120 hours

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of blue jeans, boxers, shoes and socks accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] male appearing consistent with the listed age of [redacted] years. The length is 64 inches, and the weight is 198 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, non-blanching, and in a posterior distribution.

HEAD: The scalp is closely shaved with brown hair measuring less than 1/16 inch on the top of the head. There is a beard and mustache on the face. The ears are normally formed and without drainage. The earlobes are pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. The fingernails are trimmed short and are clean.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are clean.

BODY MARKINGS (SCARS AND TATTOOS):
Scars: None identified.

Tattoos: There are numerous monochromatic and multicolored tattoos of the torso, upper extremities and neck. They are photographed for identification purposes.

EXTERNAL EVIDENCE OF INJURY

There is a penetrating gunshot wound of the chest. Directions are stated with reference to standard anatomic positions.

PENETRATING GUNSHOT WOUND OF CHEST:
ENTRANCE: There is an entrance gunshot wound on the left upper chest. It is centered 12-3/4 inches below the top of the head and 3-3/4 inches left of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. There is drying artifact of the edges. There is no soot or stippling on the adjacent skin.

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AUTOPSY REPORT

Case Number: [redacted]

PROJECTILE/SITE OF LODGEMENT: Several small gray metallic fragments are recovered from the subcutaneous tissue of the left back.

DIRECTION: Front-to-back and downward.

SPECIMENS RETAINED

TOXICOLOGY: Peripheral blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.126 g/100mL).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of injuries and projectile fragments are taken.

RADIOGRAPHS: Full body radiographs are taken and show metallic projectile fragments in the left side of the chest.

OPINION

Based on the examination findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of chest**, and the manner of death is **Homicide**.

CAUSE OF DEATH: This [redacted]-year-old [redacted] male, [redacted], died as a result of a gunshot wound of the chest.

MANNER OF DEATH: HOMICIDE.

Date signed: 12/20/17

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/amu/ag

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of back.
II. Hepatomegaly with hepatic steatosis.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of back**, and the manner of death is **Homicide**.

CAUSE OF DEATH: This [redacted]-year-old [redacted] female, [redacted], died of a gunshot wound of the back.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

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AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: October 2, 2017 at 0545 hours

Date of autopsy: October 2, 2017 at 2215 hours

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of blue jeans, a beige bra and a multicolored shirt accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, obese, (BMI = 35.2 kg/m^2) [redacted] female appearing consistent with the listed age of [redacted] years. The length is 67 inches, and the weight is 225 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pale pink-purple, non-blanching, and in a posterior distribution.

HEAD: The scalp is covered with blond and brown hair measuring up to 8 inches on the top of the head. The ears are normally formed and without drainage. The earlobes are pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses. The abdomen is protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and clean and do not extend beyond the fingertips.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and painted red.

BODY MARKINGS (SCARS AND TATTOOS):
Scars: None identified.

Tattoos:
1. A tattoo of a butterfly on the right lower abdomen.

INJURIES, EXTERNAL AND INTERNAL

There is a penetrating gunshot wound of the back. Directions are stated with reference to standard anatomic positions.

PENETRATING GUNSHOT WOUND OF BACK:
ENTRANCE: There is an entrance gunshot wound on the right upper back. It is centered 9-1/2 inches below the top of the head and 9-1/2 inches right of midline. It is a 3/16 x 1/16 inch defect with a 1/16 inch rim of abrasion. There is no soot or stippling on the adjacent skin.

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AUTOPSY REPORT

Case Number: [redacted]

PATH: The projectile enters the back, perforates the posterior right third intercostal space, fracturing the right 3rd rib posteriorly, perforating the upper and middle lobes of the right lung, the aorta, the interventricular septum and the left ventricle and lodges in the pericardial sac. There is associated right hemothorax (1500 mL) and hemopericardium (50 mL).

PROJECTILE/SITE OF LODGEMENT: A deformed gray metallic projectile is recovered from the pericardial sac. A fragment of jacket is recovered from the right ventricle inside the heart.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 5.7 cm in thickness. There is a right hemothorax and a hemopericardium. The serosal surfaces are smooth, glistening, and without adhesions. The organs are normally located. The diaphragm is intact.

CARDIOVASCULAR SYSTEM: See Injuries, External and Internal. The heart weighs 410 grams and is not enlarged. It has a normal shape with a smooth, glistening epicardium with focal hemorrhage in the lateral left ventricle wall. The coronary arteries have a normal origin and distribution with right dominance. The coronary arteries have less than 20% yellow, atherosclerotic stenosis.

The myocardium is red-brown and firm with focal hemorrhage. The ventricles are not dilated or hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.3 cm, 1.2 cm, and 1.2 cm, respectively.

The endocardium is mostly intact with a defect in the interventricular septum and the left ventricle near the apex. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of natural defects.

The aorta follows its usual course and has minimal atherosclerotic changes. There is a defect in the ascending aorta. The vena

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AUTOPSY REPORT

Case Number: [redacted]

cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: See Injuries, External and Internal. The right and left lungs weigh 250 and 350 grams, respectively, and have the usual lobation. The pleura are smooth and glistening; the lungs have no anthracotic pigment. The right lung is atelectatic and the left lung is expanded and crepitant. The parenchyma is dark red and exudes moderate amounts of fluid. There is focal hemorrhage surrounding the defects in the right lung. The lungs have no consolidation, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain bloody fluid and have tan-pink mucosa.

HEPATOBILIARY SYSTEM: The liver weighs 2190 grams. The intact capsule is smooth and glistening. The parenchyma is tan-yellow and uniform without mass, hemorrhage, yellow discoloration, or palpable fibrosis.

The gallbladder contains less than 1 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, soft, and uniform.

HEMOLYMPHATIC SYSTEM: The spleen weighs 170 grams. The capsule is smooth and intact. The parenchyma is maroon, firm, and uniform.

There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

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AUTOPSY REPORT

Case Number: [redacted]

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 35 ml of food material without visible pills or pill residue. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 140 grams, each, and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains no urine. The mucosa is intact, and the bladder wall is not hypertrophied.

The uterus is slightly enlarged. The tubes and ovaries are of expected size and have smooth serosal surfaces. The cervix is patent with a slit-like os. There is irregularity of the cervical mucosa. The myometrium is uniform and the endometrium is unremarkable. The sectioned ovaries are mostly unremarkable with smooth-walled cysts identified. The vagina is unremarkable.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. There are no fractures of the clavicles, sternum, vertebrae, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm.

HEAD: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

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AUTOPSY REPORT

Case Number: [redacted]

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1300 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions.

SPECIMENS RETAINED

TOXICOLOGY: Samples of central and peripheral blood, vitreous humor and liver are retained for toxicology. Toxicological testing detected no alcohol or common drugs of abuse.

HISTOLOGY: Representative sections of organs and tissues are retained.

PHOTOGRAPHS: Digital identification photographs, overall external photographs, and photographs of injuries and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show the fractured rib and a projectile in the left chest.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], male, appearing about the recorded age of [redacted] years. The body measured 72 inches in length and weighed 224 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of shirt, jeans, socks and boots along with a sunglasses pouch. The head was normocephalic and the scalp hair was black with brown hue. The eyes had white sclerae, pale conjunctivae, and blue irides. The dentition was natural. No lesions of the oral mucosa were identified. The thorax was symmetrical and unremarkable. The abdomen was flat. The external genitalia were those of a normal adult uncircumcised male. The back showed no significant deformities or other abnormalities. There was a design tattoo on midline upper back. There was a plastic bracelet around the left wrist.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

PERFORATING GUNSHOT WOUND TO THE NECK:

There was a 0.3 cm x 0.3 cm round through and through entrance gunshot wound on the neck, 7-1/2 inches below the top of the head and on the posterior midline. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue of the posterior neck, C4 and C5 vertebrae, vessels of the left side of the neck which included the carotid artery and

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AUTOPSY REPORT

Case Number: [redacted]

jugular vein, soft tissue of the anterior neck and ended at an exit wound on the side of the neck, 8-3/4 inches below the top of the head and 2 inches left of the anterior midline. Associated injuries included hemorrhage along the wound path. The wound track was from back to front, right to left and downward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries:

There was a ¼ inch x ¼ inch abrasion on the posterior right elbow. There was a ½ inch x ¼ inch abrasion on the medial surface of the proximal right leg. There was a 1/8 inch x 1/8 inch abrasion on the medial surface of the right ankle. There was a 1/8 inch x 1/8 inch abrasion on the anterior proximal right leg. There was a 3/16 inch 1/8 inch abrasion on the medial surface of the right foot. There was a ¼ inch x 1/8 inch abrasion on the lateral surface of the left ankle.

SPECIMEN RETAINED: None

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

FINAL DIAGNOSES

1. Gunshot wound to the back of the neck
2. Abrasions on the right elbow, legs and right foot

OPINION:

It is my opinion that death was caused by gunshot wound to the back of the neck sustained during mass fatality incident.

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AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND TO THE NECK:

There was a through and through entrance gunshot wound on the midline back of the neck. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, C4 and C5 vertebrae, vessels of the left side of the neck ended at an exit wound below the left jaw. Associated injuries included hemorrhage along the wound path. The wound track was from back to front, right to left and downward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries included abrasions on the right elbow, legs and right foot.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.203 g/100 mL as well as methamphetamine, breakdown product of cocaine and cocaethylene, and breakdown products of marijuana in the blood.

CAUSE OF DEATH: Gunshot wound to the back of the neck

MANNER: HOMICIDE

DATE: 12/20/2017

Leonardo Roquero, M.D.
Medical Examiner
LR/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of head.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of head**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]-year-old female, [redacted], died of a gunshot wound of the head.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/kra/ag

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0023 hours on October 2, 2017

Date of autopsy: 0115 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number. There is a hospital band around the left wrist bearing the decedent's name.

WITNESSES: Assisting is Forensic Autopsy Specialist Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A hospital gown and a separate bag of clothing accompanies the body.

EVIDENCE OF MEDICAL THERAPY:
1. Endotracheal tube.
2. Bandage around the head.
3. Multiple EKG pads.
4. Urinary catheter with approximately 100 ml of urine in the reservoir.
5. Single lumen intravascular catheters in the right and left antecubital fossae.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] female appearing consistent with the listed age of [redacted] years. The length is 64 inches, and the weight is 144 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

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AUTOPSY REPORT

Case Number: [redacted]

HEAD: The scalp is covered with brown hair measuring up to 10 inches. The ears are normally formed and without drainage. The earlobes are pierced. The irides are brown, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and painted white.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and painted pink.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

INJURIES, EXTERNAL AND INTERNAL

There is a perforating gunshot wound of the head. The directions are stated with reference to the standard anatomic positions.

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AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND OF HEAD:
ENTRANCE: There is an entrance gunshot wound on the right side of the head. It is centered 2-1/2 inches below the top of the head and 6-1/2 inches right of midline. There is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. There is no soot or stippling on the adjacent skin.

PATH: The projectile enters the right side of the skull, fracturing the skull causing skull fragments to create an exit wound. The projectile enters the posterior right parietal/temporal lobe and the right occipital lobe and lodges in the Sylvian fissure. There is marked subgaleal, scalp, subdural, and subarachnoid hemorrhage. There are numerous skull fractures including fractures of the orbital plates with associated contusions of the inferior frontal lobes. There are periorbital ecchymoses.

EXIT: There is an exit gunshot wound on the right side of the head. It is centered 2-1/2 inches below the top of the head and 7-1/4 inches right of midline. It is a 1 x 3/4 inch lacerated defect without soot or stippling.

DIRECTION: Front-to-back.

INTERNAL EXAMINATION

HEAD: See Injuries External and Internal. The calvarium and base of the skull are normally configured with multiple fractures as described above. The dura is not intact and there is subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1250 grams. The leptomeninges are glistening and transparent with underlying hemorrhage and cortical contusions. The hemispheres are symmetrical with a normal gyral pattern. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

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AUTOPSY REPORT

Case Number: [redacted]

Sections through the cerebral hemispheres show a hemorrhagic wound track through the posterior portion of the right parietal and temporal lobes and the right occipital lobes. There are hemorrhagic contusions of the inferior frontal lobes. Sectioning through the cerebellum and brainstem reveals subarachnoid hemorrhage.

SPECIMENS RETAINED

TOXICOLOGY: Samples of vitreous humor and urine are retained for toxicology. Toxicological testing performed on urine detected ethanol (93 mg/dL) and 1-hydroxymidazolam (97 ng/mL).

HISTOLOGY: Representative sections of the brain are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the injuries and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show a projectile in the head and multiple skull fractures.

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CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

FINAL ANATOMIC DIAGNOSES

I. Penetrating gunshot wound of the head.
   A. Entrance wound: left side of the face.
   B. The path of the missile is (anatomic position): left-to-right, front-to-back and downward.
   C. Recovered: formed copper jacket and portion of lead projectile.

SUMMARY AND INTERPRETATION

This [redacted]-year-old [redacted] female, [redacted], died of a penetrating gunshot wound of the head. The projectile caused transection of the upper cervical spinal cord. With the information available to me at this time, the manner of death, in my opinion is Homicide.

CAUSE OF DEATH: Penetrating gunshot wound of the head.

MANNER OF DEATH: HOMICIDE.

CIRCUMSTANCES OF DEATH: The decedent was shot during a mass fatality incident.

Jerry J. Hodge, D.O.
JH/kra/ag

DATE: 20 Dec 17

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Clark County Coroner
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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

DATE AND TIME OF DEATH: October 2, 2017 at 0545 hours.

DATE AND TIME OF AUTOPSY: October 4, 2017 at 0520 hours.

FORENSIC PATHOLOGIST: Jerry J. Hodge, D.O.

CLOTHING AND PERSONAL EFFECTS

The body is received unclad. Accompanying the decedent is a plaid shirt, black top, black bra, jean shorts, tan underwear, white and black socks, and leather cowboy boots.

EVIDENCE OF MEDICAL INTERVENTION

There is no evidence of medical intervention on the body at the time of autopsy.

EXTERNAL EXAMINATION

The unembalmed body is that of an adult [redacted] female with a weight of 171 pounds and a body length of 69 inches. Rigor mortis is fixed and symmetric, but easily broken. Livor mortis is fixed on the posterior aspect of the body, except in areas exposed to pressure. The body temperature is cool to touch.

The scalp hair is dark brown in color and measures 14-16 inches. The irides are brown. The teeth are natural and in good repair. Each earlobe is pierced twice. Evidence of injury to the head will be described below in the Evidence of Injury section.

The thorax is symmetrical and normally developed. The abdomen is flat. The external genitalia are those of an adult female.

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AUTOPSY REPORT

Case Number: [redacted]

There is no evidence of trauma to the torso or to the urogenital area.

The upper extremities are normally developed and symmetrical with no clubbing or edema. The hands and fingers show no evidence of trauma. The fingernails are intact. The lower extremities are normally developed and symmetrical with no edema. There is a Clark County Office of the Coroner/Medical Examiner (CCOCME) identification band on the right great toe.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

The decedent has multiple tattoos. A tattoo is on the lateral aspect of the right arm, anterior aspect of the left forearm, the right side of the abdomen, the anterior aspect of the right ankle, the dorsum of the left foot, and the low back overlying the sacrum. These are photographed for documentation purposes. The umbilicus is pierced. Other identifying body marks are not noted.

EVIDENCE OF TRAUMA

On the left side of the face in the mid cheek area situated 5-1/2 inches below the top of the head and 3 inches to the left of the midline of the face is a round gunshot entrance wound measuring 1/8 inch in diameter. A 1/8 inch eccentric abrasion ring is on the medial aspect of the wound at the 6 to 12 o'clock position. The projectile enters the soft tissues of the face continues through the left maxillary sinus and passes immediately inferior the left basilar skull and continues posteriorly before perforating the atlanto-occipital joint and transects the cervical spinal cord. Immediately posterior within the soft tissues posterior neck a formed copper metallic jacket and a portion of lead projectile are recovered. Associated with the projectile path is a basilar skull fracture involving the left middle cranial fossa with a linear skull fracture extending to the left occipital skull. The base of the brain shows

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AUTOPSY REPORT

Case Number: [redacted]

subarachnoid hemorrhage. Liquid blood is within the left ear canal. The path of the missile is (anatomic position): left-to-right, front-to-back and downward.

INTERNAL EXAMINATION

NERVOUS SYSTEM:

Injuries to the skull, brain and spinal cord have been described and will not be repeated. The scalp is reflected in the usual manner revealing hemorrhages. Fractures have been described. The 1320-gram brain is covered by thin, clear, delicate leptomeninges. The dura mater and falx cerebri are intact. There is good preservation of cerebral symmetry without flattening of gyri or widening of sulci. Convolutional patterns remain intact. External landmarks are readily identified. There is no evidence of herniation or either diffuse or localized swelling. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. Atherosclerotic changes are not demonstrated. Multiple coronal sections of cerebrum, cerebellum and brainstem reveal no localized hemorrhages, masses or lesions. The ventricular system is symmetrical, non-dilated and filled with clear fluid.

Posterior neck dissection reveals hemorrhage of the upper cervical spine. Perforation of the atlanto-occipital joint is visualized with transection of the upper cervical spinal cord.

TOXICOLOGY SPECIMENS

Samples of peripheral blood and vitreous fluid are collected for toxicological examination. Ethanol is detected (157 mg/dL) in postmortem blood. Drugs are not detected.

MICROSCOPIC DESCRIPTION

Representative sections of brain tissue are retained in formalin without preparation of glass slides.

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AUTOPSY REPORT

Case Number: [redacted]

ADDITIONAL PROCEDURES

Photographic and radiographic images, fingerprints, and a DNA card are obtained at the time of autopsy. Review of postmortem radiographs shows skull fractures and projectile fragments described grossly at autopsy. X-rays of the chest, abdomen, and pelvis show no evidence of acute skeletal injuries. X-rays of the extremities show no acute injuries.

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: October 2, 2017 at 0545 hours

Date of examination: October 2, 2017 at 2040 hours

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of blue jeans, black sweater, red boxers, socks and boots accompanies the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] male appearing consistent with the listed age of [redacted] years. The length is 66 inches, and the weight is 179 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, non-blanching, and in a posterior distribution.

HEAD: The scalp is covered with brown hair measuring up to 1/4 inch on the top of the head. There is a beard on the face. The ears are normally formed with bloody drainage. The earlobes are not pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good

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AUTOPSY REPORT

Case Number: [redacted]

condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. There is dried blood on the posterior aspect of the hands. The fingernails are cut short and clean and do not extend beyond the fingertips.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are clean.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

EXTERNAL AND INTERNAL EVIDENCE OF INJURY

There is a penetrating gunshot wound of the head. Directions are stated with reference to standard anatomic positions.

PENETRATING GUNSHOT WOUND OF HEAD:

ENTRANCE: There is an entrance gunshot wound on the right side of the forehead. It is centered 3 inches below the top of the head and 3/4 inch right of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion with drying of the wound edges. No soot or stippling is identified.

PATH: The projectile enters the forehead, injuring the brain, fracturing the skull and fragmenting into multiple small pieces.

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AUTOPSY REPORT

Case Number: [redacted]

DIRECTION: Front-to-back and right-to-left without significant up/down deviation.

OTHER INJURIES: There is a 1/2 x 1/4 inch purple contused abrasion on the left knee.

SPECIMENS RETAINED

TOXICOLOGY: Peripheral blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.115 g/100mL).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the injuries are taken.

RADIOGRAPHS: Full body radiographs are taken and show multiple small metallic fragments in the skull and multiple skull fractures.

OPINION

Based on the examination findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of head**, and the manner of death is **Homicide**.

CAUSE OF DEATH: This [redacted]-year-old [redacted] male, [redacted], died as a result of a gunshot wound of the head.

MANNER OF DEATH: HOMICIDE.

Date signed: 12/20/17

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Right Upper Chest, Penetrating (see injury description).
2. Hemopneumothorax, Left, Chest.
3. Mediastinal Hemorrhage, Chest.
4. Pale Internal Organs consistent with Acute Blood Loss.
5. Dilated Cardiomyopathy, Heart.
6. Cardiomegaly (555 grams), Heart.
7. Coronary Atherosclerosis, Moderate, Heart.
8. Pulmonary Edema, Bilateral, Lungs.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old [redacted] male, [redacted], is GUNSHOT WOUND OF THE RIGHT UPPER CHEST.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 20 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

LS/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1600 hours on October 3, 2017.

CLOTHING: The body is received unclothed; a paper identification bracelet is present on the right wrist; two blue rubber bracelets are present on the left wrist; accompanying the body is a brown top, brown belt, brown pants and green underwear.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult. Rigor mortis is present to an equal extent in all joints. Lividity is present posteriorly. The head hair is dark. Facial stubble is present. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are light. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. The arms and hands show no evidence of acute injury and fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length. The external genitalia are male. The back and buttocks show no evidence of natural disease.

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CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; degenerative skeletal change is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

2. Postmortem regional radiograph of the chest demonstrates opacification in the left lung field; ballistically significant and insignificant bullet fragments are scattered over the chest; a left-to-right mediastinal shift is present.

3. Postmortem regional radiographs of the abdomen and pelvis are unremarkable.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **right upper chest**, 12.1 inches from the top of the head and 4.4 inches to the right of the anterior midline is a gunshot wound of entrance measuring 0.55 x 0.20 inch in dimension; the wound is composed of an eccentric 0.15 inch hole associated with a lateral abrasion tail measuring up to 0.40 inches in dimension and several satellite superficial cutaneous injuries located medially (see photographs).

   The bullet courses through the skin and subcutaneous tissues of the right upper chest and enters the mediastinum through the manubrium as it crosses the midline; the bullet courses through the left carotid artery at the origin of the aorta and courses through the upper lobe of the left lung; a deformed small-caliber lead bullet and jacket

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AUTOPSY REPORT

Case Number: [redacted]

fragments are recovered from the mediastinum and left pleural cavity.

The subcutaneous tissue of the right upper chest demonstrates a broad area of hemorrhage that extends into the anterior neck; the mediastinum demonstrates diffuse hemorrhage; the left pleural cavity contains 1800 mL of liquid blood and 100 grams of clot.

A partial exit wound is located in the left lateral parietal pleura at the 3rd intercostal space associated with ecchymosis.

The bullet courses from front-to-back, right-to-left and downward. Examination of the wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

2. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

3. The dorsal surface of the left hand demonstrates several irregular and curvilinear abrasions.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	74 inches
Weight:	255 pounds
Heart:	555 grams
Lungs:	900 grams

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AUTOPSY REPORT

Case Number: [redacted]

CARDIOVASCULAR SYSTEM: Except for the findings previously described, the aorta and great vessels are unremarkable. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit patchy calcific concentric eccentric atherosclerosis with focal areas of narrowing up to 40%.

The valves of the heart are unremarkable; the ventricular chambers are dilated; left ventricular wall thickness ranges from 1.5 to 1.7 cm. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning, in addition to the findings previously described, the pulmonary parenchyma demonstrates generalized edema.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a tan-yellow color and a firm consistency. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is 200 milliliters of red-brown fluid admixed with particulate matter. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex is pale and has a normal thickness. The calyces, pelves and ureters are unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

Liver: 2350 grams
Spleen: 330 grams
Kidneys: 300 grams
Brain: 1420 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are fused and intact; the left greater arm is damaged at autopsy; the hyoid is otherwise unremarkable. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

Except for the findings previously described, the prevertebral soft tissue and muscles of the cervical vertebral column are unremarkable. The anterior cervical vertebral column shows no evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The adrenal glands have a normal size and on serial sectioning are pale. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Small-caliber deformed lead bullet and jacket fragments recovered from the mediastinum and left pleural cavity to custody of the Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Postmortem peripheral blood (iliac vein).
3. Vitreous humor.
4. Liver tissue.
5. Bile.
6. Brain tissue.
7. Urine.
8. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL PATHOLOGIC FINDINGS

I. Gunshot wound of the head

A. Entrance: atypical wound on the right side of the face; no evidence of close range discharge of a firearm
B. Injured: lateral aspect of the right eyelid, right eye, right orbit, right anterior cranial fossa, and brain
C. Exit: none
D. Recovered: a deformed fragment of gray metal core and yellow-colored metal jacket, and a deformed gray metal core fragment from the left occipital region of the brain
E. Trajectory: front to back, right to left, and upward
F. Associated injuries: hemorrhage along the wound path, diffuse subgaleal hemorrhage, diffuse intracranial hemorrhage, and seven associated lacerations of the right side of the face

II. Gunshot wound of the right forearm:

A. Entrance: right elbow; no evidence of close range discharge of a firearm
B. Injured: skin and soft tissue of the right arm
C. Exit: anterior aspect of the right forearm
D. Recovered: none
E. Trajectory: back to front, right to left, and downward
F. Associated injuries: hemorrhage along the wound path and a triangular abrasion with a central laceration in the right antecubital fossa.

III. Toxicology: peripheral blood positive for ethanol (255 mg/dL)

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AUTOPSY REPORT

Case Number: [redacted]

OPINION

CAUSE OF DEATH: This [redacted] year-old female, [redacted], died of gunshot wounds of the head and right forearm. She was shot during a mass fatality incident at a concert venue. The gunshot wound to the head caused severe injuries to the skull and brain. The gunshot wound to the right forearm did not injure any vital structures but did contribute to overall bleeding.

MANNER OF DEATH: HOMICIDE

Date: 20Dec2017

Paul S. Uribe, M.D.
Pathologist

PSU/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

The examination commences at 0445 on 4 October 2017.

IDENTIFICATION

At the time of autopsy, the body is identified by a Clark County Office of the Coroner/Medical Examiner "toe tag" inscribed with case #[redacted] and the name [redacted]. The remains are subsequently identified as [redacted].

CLOTHING

At the time of autopsy, the body is received with a black shirt, bikini top, jean shorts (cut), and boots.

X-RAYS

Postmortem radiographs are obtained and the findings are incorporated in "Evidence of Injury." There are multiple minute radio-opaque fragments in the left side of the head that are too small to be recovered. There are several minute radio-opaque fragments in the soft tissue of the left forearm that are too small to be recovered.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished female. The body measures 69 inches in length, weighs 159 pounds, and appears compatible with the reported age. Injuries are described in the section "Evidence of Injury" and medical therapy is described in the section "Evidence of Medical/Surgical Intervention." The body is cold. Rigor is present and resolving. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

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AUTOPSY REPORT

Case Number: [redacted]

HEAD: The scalp hair is brown and up to 10 inches in length. **EARS:** The ears are normally formed and set. The right ear contains blood, and both earlobes are pierced. **EYES:** See "Evidence of Injury.". The left iris is blue. The left cornea is clear. The left conjunctiva is pale and without petechiae. The left sclera is white and without petechiae. **NOSE:** The nasal skeleton and maxilla are palpably intact. Blood is present in the nose. **MOUTH:** The lips are atraumatic. The teeth are natural and in good condition. **NECK:** Examination of the neck reveals no evidence of injury and the larynx and trachea are midline.

CHEST AND BACK: The chest shows no externally evident injury of the ribs or sternum. The posterior torso is unremarkable. **ABDOMEN:** The abdomen is flat. **GENITALIA:** The external genitalia are those of an adult female. **ANUS AND PERINEUM:** The anus and perineum are unremarkable.

EXTREMITIES: See "Evidence of injury." The left upper and both lower extremities show no evidence of fractures, lacerations, or deformities. The fingernails are intact. The fingers have been previously fingerprinted. The toenails are painted.

EVIDENCE OF MEDICAL/SURGICAL INTERVENTION

There is no evidence of acute medical or surgical intervention.

IDENTIFYING MARKS, SCARS AND TATTOOS

Tattoos are on the back of the neck, right lower abdomen, left hip, and lower back. No significant scars are identified.

EVIDENCE OF INJURY

On the right side of the face, centered 4 3/4 inches below the top of the head and 1 3/4 inches right of the anterior midline

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AUTOPSY REPORT

Case Number: [redacted]

and on the lateral aspect of the right eye and orbit, is a 1 x 1 inch atypical entrance gunshot wound with radiating lacerations measuring up to 1/4 inch. There is no soot or gunpowder stippling on the skin surrounding the entrance wound. The bullet injures the lateral aspect of the right eyelid, right eye, right orbit, right anterior cranial fossa (3.5 x 3 centimeter defect), and brain (with wound path extending from the right frontal lobe to the left parietal and occipital lobes). No exit wound is present. Recovered from the left occipital region of the brain is a deformed fragment of gray metal core and yellow-colored metal jacket, and a deformed gray metal core fragment (photographed for documentation and retained as evidence). The trajectory of the wound path is front to back, right to left, and upward. Associated injuries include hemorrhage along the wound path, diffuse subgaleal hemorrhage, diffuse intracranial hemorrhage (subdural, subarachnoid, and intraparenchymal), and seven associated lacerations of the right side of the face ranging in size from 1/16 inch to 1/2 x 1/4 inch.

On the right elbow, centered 23 1/2 inches below the top of the head and 2 1/4 inches right of the posterior midline of the arm, is a 1/8 inch round entrance gunshot wound with a surrounding 1/16 inch circumferential marginal abrasion. There is no soot or gunpowder stippling on the skin surrounding the entrance wound. The bullet injures the skin and soft tissue of the right arm. On the anterior aspect of the right forearm, centered 25 inches below the top of the head and 1 1/4 inches right of the anterior midline of the arm is a 2 1/2 x 1 inch lacerated exit wound. No bullet or bullet fragments are recovered from along this wound path. The trajectory of the wound path is back to front, right to left, and downward. Associated injuries include hemorrhage along the wound path and a 1 x 1 inch triangular abrasion with a central 5/8 x 1/4 inch laceration in the right antecubital fossa.

SPECIMENS: Specimens retained for toxicology testing and/or DNA identification include peripheral blood and vitreous fluid.

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AUTOPSY REPORT

Case Number: [redacted]

EVIDENCE: Recovered from the left occipital region of the brain is a deformed fragment of gray metal core and yellow-colored metal jacket, and a deformed gray metal core fragment (photographed for documentation).

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL DIAGNOSES

1. Multiple gunshot wounds
   - Penetrating gunshot wound to the back of the head
   - Penetrating gunshot wound to the left leg
2. Contusion on the anterior right leg

OPINION:

It is my opinion that death was caused by multiple gunshot wounds (head and left leg) sustained during mass fatality incident.

There were two (2) gunshot wounds on the body: head (1) and left leg (1). There was no evidence of close range of firing noted on the skin surrounding any of the wounds. Unless otherwise stated, the wound tracks are described when the body is viewed in the standard anatomical position. The gunshot wounds are arbitrarily numbered for ease of description and do not reflect the sequence of firing.

PENETRATING GUNSHOT WOUND TO THE BACK OF THE HEAD (GSW#1):

There was entrance gunshot wound on the back of the head. The wound track proceeded from this injury through the scalp and its subcutaneous tissue, occipital bone, right cerebellar hemisphere, right occipital lobe, right temporal lobe, and brainstem. Associated injuries included hemorrhage along the wound path, multiple skull fractures subarachnoid hemorrhage, and bruising of the brain. The wound track was from back to

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], female, appearing about the recorded age of [redacted] years. The body measured 68 inches in length and weighed 146 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing consisted of shirt, shorts, underwear, socks and boots. The scalp hair was brown. The eyes had white sclerae, pink conjunctivae, and brown irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical and unremarkable. The abdomen was flat. The external genitalia were those of a normal adult female. The back showed no significant deformities or other abnormalities. There were scars on the right leg.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

GUNSHOT WOUNDS

There were two (2) gunshot wounds on the body: head (1) and left leg (1). There was no soot or gunpowder stippling noted on the skin surrounding any of the wounds. Unless otherwise stated, the wound tracks are described when the body is viewed in the standard anatomical position. The gunshot wounds are arbitrarily numbered for ease of description and do not reflect the sequence of firing.

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AUTOPSY REPORT

Case Number: [redacted]

front. There were parts of fragmented deformed jacketed bullet recovered from the wound track.

PENETRATING GUNSHOT WOUND TO THE LEFT LEG (GSW #2):

There was an entrance gunshot wound on the inner surface of the left leg. The wound track proceeded from this injury through the skin and soft tissue where a deformed jacketed bullet was recovered with an overlying laceration on the posterior surface of the left leg. Associated injuries included hemorrhage along the wound path. The wound track was from front to back, left to right and upward.

Additional injury included a bruise on the anterior right leg.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.024 g/100mL.

CAUSE OF DEATH: Multiple gunshot wounds (head and left leg)

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner

DATE: 12/20/2017

LR/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Brain: 1170

An autopsy was performed utilizing the posterior coronal scalp incisions. **Except for the above previously described injuries,** the internal systems were as follows:

Head:
The 1170 gm brain was free of neoplastic lesions.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

PENETRATING GUNSHOT WOUND TO THE HEAD (GSW#1):

There was a 0.4 cm x 0.3 cm round entrance gunshot wound on the head, 4 inches below the top of the head and 1 inch right of the posterior midline. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the scalp and its subcutaneous tissue, occipital bone, right cerebellar hemisphere, right occipital lobe, right temporal lobe, and brainstem which included the medulla and pons. Associated injuries included hemorrhage along the wound path, multiple skull fractures which included the occipital bone, bilateral temporal, right parietal and right frontal bones, subarachnoid hemorrhage, and contusions of the right temporal and right frontal lobes. The wound track was from back to front when the body is viewed in the standard anatomical position. There were parts of fragmented deformed jacketed bullet recovered from the wound track.

PENETRATING GUNSHOT WOUND TO THE LEFT LEG (GSW #2):

There was a 1.5 cm x 1.0 cm ovoid entrance gunshot wound on the medial surface of the left leg, 14-1/2 inches from the bottom of the heel. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the skin and soft tissue where a deformed jacketed bullet was recovered with an overlying laceration on the posterior surface of the left leg, 16-3/4 inches from the bottom of the heel. Associated injuries included hemorrhage along the wound path. The wound track was from front to back, left to right and upward when the body is viewed in the standard anatomical position.

Additional injury:

There was a 1 inch x ¾ inch pale purple round contusion on the anterior right leg.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Central Upper Back, Penetrating (see injury description).
2. Hemothorax, Right, Chest.
3. Mediastinal Hemorrhage, Chest.
4. Retroperitoneal Hemorrhage, Abdominal Cavity.
5. Pale Internal Organs consistent with Acute Blood Loss.
6. Pulmonary Edema, Bilateral, Lungs.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old [redacted] female, [redacted], is GUNSHOT WOUND OF THE CENTRAL UPPER BACK.

MANNER OF DEATH: HOMICIDE.

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

DATE: Dec 20 2017

LS/kra/amu

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1625 hours, October 4, 2017.

CLOTHING: The body is received unclothed; a paper ID bracelet is present on the left wrist; accompanying the body are blue socks, blue top, blue bra, jeans, dark shoes, and gray underwear.

EXTERNAL EXAMINATION: The body is that of a normally developed obese, [redacted] adult. Rigor mortis is present to an equal extent in all joints. Lividity is present posteriorly. The head hair is dark and long. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest is unremarkable. The abdomen demonstrates striae, but is otherwise unremarkable. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and demonstrate decoration. The external genitalia are female. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF TATTOOS:

1. A dot located on the left hand.

2. A cross located on the right upper back.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; degenerative skeletal change is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

2. Postmortem regional radiographs of the chest demonstrate opacification of the right lung field associated with pneumothorax; the mediastinum demonstrates a right-to-left shift.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrates ballistically significant and insignificant bullet fragments protected over the T9-T11 area; the 10th thoracic vertebra demonstrates irregularity.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **central upper back** 17.5 inches from the top of the head and 1 inch to the right of the midline is a gunshot wound of entrance that measures 0.22 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension associated with a circumferential abrasion collar measuring up to 0.05 inch in dimension.

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AUTOPSY REPORT

Case Number: [redacted]

The bullet courses through the skin and subcutaneous tissues of the central upper back and courses through the thoracic vertebral column at the T10 level.

The thoracic spinal canal is exposed via an anterior approach; the membranous compartments demonstrate diffuse epidural, subdural and subarachnoid hemorrhage; the thoracic spinal cord is lacerated.

The bullet exits from the vertebral body of the 10th thoracic vertebra and courses into the aorta; the mediastinum and retroperitoneal soft tissues demonstrate a diffuse hemorrhage.

A deformed small caliber partial metal jacket bullet associated with lead and jacket fragments are recovered from the thoracic vertebral column and the retroperitoneal soft tissues.

The right pleural cavity contains 1900 ml of liquid blood and 300 grams of clot.

The bullet courses from back-to-front directly, and examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The left arm demonstrates an irregular 1.25 inch healing ecchymosis.

2. The legs bilaterally demonstrate scattered irregular ecchymoses measuring up to 2.0 inch in dimension at various stages of healing.

3. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigment and hypopigment areas.

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Case Number: [redacted]

4. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	68 inches
Weight:	206 pounds
Heart:	305 grams
Lungs:	800 grams
Liver:	1750 grams
Spleen:	100 grams
Kidneys:	300 grams
Brain:	1360 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. The peritoneal surfaces of the body are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

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AUTOPSY REPORT

Case Number: [redacted]

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

The prevertebral soft tissue and muscles of the cervical vertebral column show no evidence of antemortem hemorrhage. The anterior cervical vertebral column shows no evidence of hemorrhage, fracture or dislocation.

CARDIOVASCULAR SYSTEM: In addition to the findings previously described, the aorta and great vessels demonstrate yellow streaking. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit no significant pathologic changes.

The valves of the heart are unremarkable. The ventricular chambers are unremarkable. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning the pulmonary parenchyma is pale and demonstrates edema.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a pale tan-yellow color and a firm consistency. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale. The internal lymph nodes identified are unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is a few milliliters of brown fluid. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex has a normal thickness and is pale. The calyces, pelves and ureters are unremarkable.

The uterus, fallopian tubes and ovaries are present. The ovaries demonstrate a few smooth-walled cysts bilaterally. The endometrium has a normal appearance.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The adrenal glands have a normal size and on serial sectioning are pale. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed small caliber partial metal jacket bullet, bullet fragments and jacket fragments recovered from the retroperitoneal soft tissue and thoracic cervical column to custody of Las Vegas Metropolitan Police Department

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AUTOPSY REPORT

Case Number: [redacted]

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Postmortem heart blood.
3. Vitreous humor.
4. Liver tissue.
5. Bile.
6. Brain tissue.
7. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], female, appearing about the recorded age of [redacted] years. The body measured 69 inches in length and weighed 250 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of two pieces of shirt, jeans, bra, and underwear. The head was normocephalic. The scalp hair was blonde. The eyes had white sclerae, pale conjunctivae, and gray irides. The dentition was natural. The thorax was symmetrical and unremarkable. The abdomen was rounded. The external genitalia were those of a normal adult female. The back showed no significant deformities or other abnormalities. There were design tattoos on back of the left ear, back, left arm, wrists and ankles.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE NECK:

There was 0.5 cm x 0.5 cm entrance gunshot wound on the neck, 8 inches below the top of the head and 3-1/2 inches right of the anterior midline. The wound had surrounding purple contusion. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue of the neck, C4 cervical vertebra and spinal cord where a deformed and fragmented jacketed bullet was recovered. Associated injuries included hemorrhage along the wound path, fracture of C4 and C5 cervical vertebrae and injury

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AUTOPSY REPORT

Case Number: [redacted]

to the spinal cord at the level of C4. The wound track was from front to back and right to left when the body is viewed in the standard anatomical position.

SPECIMEN RETAINED: None

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

FINAL DIAGNOSES

1. **Penetrating gunshot wound to the right side of the neck**

OPINION:

It is my opinion that death was caused by gunshot wound to the right side of the neck sustained during mass fatality incident.

PENETRATING GUNSHOT WOUND TO THE RIGHT SIDE OF THE NECK:

There was an entrance gunshot wound on the right side of the neck. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue of the neck, C4 cervical vertebra and spinal cord where a deformed and fragmented jacketed bullet was recovered. Associated injuries included hemorrhage along the wound path, fracture of C4 and C5 cervical vertebrae and injury to the spinal cord at the level of C4. The wound track was from front to back and right to left when the body is viewed in the standard anatomical position.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.161 g/100mL.

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AUTOPSY REPORT

Case Number: [redacted]

CAUSE OF DEATH: Gunshot wound to the right side of the neck

MANNER: HOMICIDE

DATE: 12/20/2017

Leonardo Roquero, M.D.
Medical Examiner

LR/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of head.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of head**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This 58-year-old female, [redacted], died as a result of gunshot wound of head.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/kra/ag

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Clark County Coroner
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Las Vegas, NV 89106
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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0545 hours on October 2, 2017

Date of autopsy: 0255 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Autopsy Specialist Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of blue jean shorts, boots, a shirt and a tan bra accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] female appearing consistent with the listed age of [redacted] years. The length is 65 inches, and the weight is 173 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with black hair measuring up to 13 inches on the top of the head. The ears are normally formed with bloody drainage. The earlobes are pierced. The irides are brown, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masse. The breasts are symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are slightly long and painted pink.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and painted pink.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

INJURIES, EXTERNAL AND INTERNAL

There is a penetrating gunshot wound of the head. The directions are stated with reference to the standard anatomic positions.

PENETRATING GUNSHOT WOUND OF HEAD:

ENTRANCE: There is an entrance gunshot wound on the left side of the forehead. It is centered 2 inches below the top of the head and 1/2 inch left of midline. It is a 3/16 x 1/8 inch defect with a 1/16 inch rim of abrasion. There is no soot or stippling on the adjacent skin.

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AUTOPSY REPORT

Case Number: [redacted]

PATH: The projectile enters the left frontal skull, fracturing the skull and injuring the entire cerebrum with transection of the brainstem at the level of the midbrain. There are numerous skull fractures including numerous basilar skull fractures. There is subgaleal, subarachnoid, and subdural hemorrhage.

PROJECTILE/SITE OF LODGEMENT: Multiple metallic fragments are recovered from inside the occipital bone.

DIRECTION: Front-to-back, left-to-right and slightly downward.

OTHER INJURIES: There is a 1-1/2 x 1/2 inch purple-brown contusion on the upper abdomen and a 1/4 x 1/8 inch purple contusion on the mid chest.

INTERNAL EXAMINATION

HEAD: See Injuries External and Internal. The calvarium and base of the skull are normally configured with the fractures described above. The dura is not intact, and there is subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1140 grams. The leptomeninges are glistening with underlying hemorrhage. The hemispheres are markedly injured. The arteries at the base of the brain have no atherosclerotic changes or aneurysms. Sections through the cerebral hemispheres show a hemorrhagic wound track through the right and left frontal, parietal, and occipital lobes with transection of the brainstem at the level of the midbrain. The cerebellum is intact with subarachnoid hemorrhage.

SPECIMENS RETAINED

TOXICOLOGY: Samples of subclavian blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.200 g/100mL).

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AUTOPSY REPORT

Case Number: [redacted]

HISTOLOGY: Representative sections of the brain are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs and photographs of injuries and projectile fragments are taken.

RADIOGRAPHS: Full body radiographs are taken and show metallic fragments in the skull and multiple skull fractures.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL DIAGNOSES

1. **Penetrating gunshot wound to the right chest**

OPINION:

It is my opinion that death was caused by gunshot wound to the right chest sustained during mass fatality incident.

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was an entrance gunshot wound on the right upper chest. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, right clavicle at the sternal end, branches of the arch of the aorta, left lung, posterior left fourth rib, and soft tissue of the left upper back where a jacketed bullet was recovered. Associated injuries included soft tissue hemorrhage, of the chest and anterior neck, hemorrhage along the wound path, and left hemothorax. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.232 g/100mL.

CAUSE OF DEATH: Gunshot wound to the right chest

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner
LR/amu/ag

DATE: 12/20/2017

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], male, appearing about the recorded age of [redacted] years. The body measured 73 inches in length and weighed 205 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing consisted of shirt, shorts, underwear, socks and tennis shoes. The head was normocephalic and the scalp hair was brown with white and gray streaks. The eyes had white sclerae, pale conjunctivae, and blue irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was rounded. The external genitalia were those of a normal adult circumcised male. The back showed no significant deformities or other abnormalities. There was a healing abrasion on the back of the left hand located in between the second and third knuckles. There was a plastic bracelet around the right wrist.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a 0.7 cm x 0.4 cm entrance gunshot wound on the chest, 10-1/2 inches below the top of the head and 1-1/2 inches right of the anterior midline. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, right clavicle at the sternal end, brachiocephalic artery, left common

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AUTOPSY REPORT

Case Number: [redacted]

carotid artery and left subclavian artery of the arch of the aorta, left upper lobe of the lung, posterior left fourth rib, and soft tissue of the left upper back, anterior to the scapula, where a jacketed bullet was recovered. Associated injuries included soft tissue hemorrhage, of the chest and anterior neck, hemorrhage along the wound path, and left hemothorax of approximately 1200 mL. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Heart:	**490**
Right Lung:	**450**
Left Lung:	**470**
Liver:	**1990**
Spleen:	**150**
Right Kidney:	**140**
Left Kidney:	**140**

An autopsy was performed utilizing the normal thoraco-abdominal incision. The viscera were in their normal anatomical positions. **Except for the above previously described injuries,** the internal systems were as follows:

Neck:
No abnormality was noted in the hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:
The 490 gm enlarged heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease. No acute thrombi were present. The left ventricle, septum and right ventricular wall measured 1.5 cm, 1.5 cm and 0.3 in thickness, respectively. The papillary

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muscles and left ventricular free wall had endomyocardial fibroses. The chordae tendineae were thickened. The valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:
The larynx and trachea were unremarkable. The right and left lungs weighed 450 gm and 470 gm, respectively. There was congestion in the parenchyma. No pulmonary emboli were identified.

Hepatobiliary System:
The 1990 gm liver had firm dark tan surfaces and red-tan parenchyma. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:
The 150 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:
The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 200 mL of partially digested foods.

Pancreas:
The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:
The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:
The right and left kidneys weighed 140 gm and 140 gm, respectively. Each kidney had smooth cortical surfaces, normal

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Case Number: [redacted]

cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:
Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], male, appearing about the recorded age of [redacted] years. The body measured 65 inches in length and weighed 166 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing consisted of two pieces of shirt, jeans with belt, underwear, socks and boots. The head was normocephalic and the scalp hair was brown. The eyes had white sclerae, pale conjunctivae, and hazel irides. The dentition was natural. There was stubble. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was flat. The external genitalia were those of a normal adult circumcised male. There were tattoos on the anterior torso, back and left upper extremity.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

PERFORATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a 0.7 cm x 0.5 cm round through and through entrance gunshot wound on the chest, 14 inches below the top of the head and 3-3/4 inches right of the of the anterior midline. There was marginal abrasion on the wound. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, anterior third rib, right lung, heart, left lung, posterior soft tissue of the left chest wall, and ended at an exit wound having

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AUTOPSY REPORT

Case Number: [redacted]

an irregular appearance with lacerations on the left upper back, 18 inches below the top of the head and 5 inches left of the posterior midline. Associated injuries included hemorrhage along the wound path, bilateral hemothoraces of at least 50 mL in the right pleural cavity and of at least 350 mL in the left pleural cavity. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries:
There was a ¼ inch x ¼ inch abrasion on the posterior right elbow. There was a 1 inch x ¾ inch cluster of abrasions on the posterior right wrist. There was a ¼ inch x ¼ inch abrasion on the posterior right hand along the second and third metacarpal area.

SPECIMEN RETAINED: None

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

FINAL DIAGNOSES

1. Perforating gunshot wound to the right chest
2. Abrasions on the posterior right elbow, wrist and hand

OPINION:

It is my opinion that death was caused by gunshot wound to the right chest sustained during mass fatality incident.

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AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a through and through entrance gunshot wound on the right upper chest. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, anterior third rib, right lung, heart, left lung, posterior soft tissue of the left chest wall, and ended at an exit wound on the left upper back. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries included abrasions on the back of the right elbow, wrist and hand.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.097 g/100mL as well as breakdown product of cocaine and methadone in the blood.

CAUSE OF DEATH: Gunshot wound to the right chest

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner
LR/amd/ag

DATE: 12/20/2017

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2315 hours on October 1, 2017

Date of examination: 2255 hours on October 2, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of beige pants, shoes, socks, and a black shirt accompanies the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] male appearing consistent with the listed age of [redacted] years. The length is 75 inches, and the weight is 167 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with brown hair measuring up to 1 inch on the top of the head and shorter on the sides. There is a beard on the face. The ears are normally formed and without drainage. No piercings are apparent. The irides are brown-hazel, the corneas clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white.

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AUTOPSY REPORT

Case Number: [redacted]

The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. The fingernails are trimmed short and are clean.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are clean.

BODY MARKINGS (SCARS AND TATTOOS):
Scars:
1. A 1/4 x 1/16 inch vertical, linear scar on the lower abdomen.
2. A 1/4 x 1/8 inch scar on the left knee.

Tattoos: None identified.

EXTERNAL EVIDENCE OF INJURY

There is a perforating gunshot wound of the chest. Directions are stated with reference to standard anatomic positions.

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Clark County Coroner
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(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND OF CHEST:

ENTRANCE: There is an entrance gunshot wound on the right upper chest. It is centered 14 inches below the top of the head and 2-1/2 inches right of midline. It is a 3/16 x 1/8 inch defect with a 1/16 inch rim of abrasion. There is drying artifact of the edges. No soot or stippling is noted on the adjacent skin.

EXIT: There is an exit gunshot wound on the left lower back. It is centered 22-3/4 inches below the top of the head and 4 inches left of midline. It is a 1/4 x 1/8 inch lacerated defect without soot, stippling, or abrasion.

DIRECTION: Front-to-back, right-to-left, and downward.

OTHER INJURIES:

There is a 3 x 1 inch red abrasion on the right buttock.

SPECIMENS RETAINED

TOXICOLOGY: Peripheral blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.074 g/100mL).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs and overall external body photographs are taken.

RADIOGRAPHS: Full body radiographs are taken and show very minute metallic fragments in the right chest.

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

CAUSE OF DEATH: This [redacted]-year-old male, [redacted], died as a result of gunshot wound of chest.

MANNER OF DEATH: HOMICIDE.

Date signed: 12/20/17

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/rg/ag

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Right Lateral Neck, Penetrating, (see injury description).
2. Coronary Atherosclerosis, Moderate, Heart.
3. Dilated Ventricles, Heart.
4. Pulmonary Edema, Bilateral, Lungs.
5. Nephrosclerosis associated with Benign Cortical Cysts, Bilateral, Kidneys.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old [redacted] male, [redacted], is GUNSHOT WOUND OF THE RIGHT LATERAL NECK.

MANNER OF DEATH: HOMICIDE.

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

DATE: Dec 20 2017

LS/kra/amu

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017 (per toe identification tag). The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1035 hours, October 3, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are black bottoms, brown belt, white shoes, gray underwear, white socks, and multicolored top.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly and also over the head, neck and shoulders. The head hair is shaved. A mustache is present. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length. The external genitalia are male. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; degenerative skeletal change is present; remote medical intervention is present.

1. Postmortem regional radiographs of the head and neck demonstrate scattered ballistically insignificant bullet fragments through the right side of the neck.

2. Postmortem regional radiograph of the chest demonstrates Cardiomegaly; ballistically significant and insignificant bullet fragments are projected over the upper chest.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrate benign pelvic soft tissue calcifications; an irregular osseous radiodensity is immediately inferior to the right ischiopubis.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located on the **right lateral neck** 6.25 inches from the top of the head, 2.2 inches below the right external auditory canal, and 1.35 inches behind the right external auditory canal is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension associated with a circumferential abrasion collar measuring 0.05 inch in dimension.

   The bullet courses through the skin and subcutaneous tissues of the right lateral neck, courses behind the right cervical neurovascular bundle and courses through

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AUTOPSY REPORT

Case Number: [redacted]

the lower cervical vertebral column; the bullet courses into the soft tissues of the top of the left shoulder where a deformed jacket fragment is recovered associated with several deformed lead fragments.

The cervical spinal cord is exposed via an anterior approach; the membranous compartments of the cervical spinal canal demonstrate broad areas of epidural and subdural hemorrhage; the cervical spinal cord demonstrates transection and associated hemorrhage.

The bullet courses from right-to-left directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

2. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

3. The skin surfaces of the knees bilaterally demonstrate adherent gray-black material associated with scattered irregular and curvilinear abrasions measuring up to 1.5 inch in dimension.

4. Located about the waist is a clothes impression.

5. The left lower arm demonstrates a superficial skin avulsion measuring 3.0 x 1.0 inch in dimension.

6. The left ankle demonstrates a curvilinear abrasion measuring 0.9 inch in dimension.

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AUTOPSY REPORT

Case Number: [redacted]

7. The forehead demonstrates multiple irregular abrasions ranging from 0.5 to 0.85 inch in dimension, greater on the right side (see photographs).

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	70 inches
Weight:	235 pounds
Heart:	420 grams
Lungs:	900 grams
Liver:	1805 grams
Spleen:	140 grams
Kidneys:	310 grams
Brain:	1440 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. The body cavities contain no abnormal amounts of fluid. The peritoneal surfaces of the body are smooth, glistening and without adhesions. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

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AUTOPSY REPORT

Case Number: [redacted]

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

Except for the findings previously described, the prevertebral soft tissues and muscles and the cervical vertebral column are unremarkable.

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate sparse atherosclerosis. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the anterior descending branch and major diagonal branches demonstrates patchy concentric and eccentric atherosclerosis with focal areas measuring up to 40%; serial sectioning of the circumflex branch of the left coronary artery demonstrates minimal atherosclerosis. Serial sectioning of the right coronary artery demonstrates patchy concentric and eccentric atherosclerosis with focal narrowing up to 40%.

The valves of the heart are unremarkable. The ventricular chambers are dilated. Left ventricular wall thickness ranges from 1.4 to 1.6 cm. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning the pulmonary parenchyma demonstrates generalized edema and congestion, but is otherwise unremarkable.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a tan-yellow color and a firm consistency. The gallbladder and biliary tract are unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma has a common mixture of red and white pulp. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is 350 milliliters of brown paste associated with digesting food particles. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is unremarkable.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex has a normal thickness and demonstrates scattered smoothed-wall benign cysts measuring up to 1.2 inches in dimension.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is unremarkable. The adrenal glands have a normal size and on serial sectioning have a normal gross appearance. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed jacket fragment associated with deformed lead fragments recovered from the soft tissues of the top of the left shoulder to custody of Las Vegas Metropolitan Police Department.

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AUTOPSY REPORT

Case Number: [redacted]

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem heart blood.
2. Postmortem peripheral blood (iliac vein).
3. Liver tissue.
4. Bile.
5. Brain tissue.
6. Vitreous humor.
7. Urine.
8. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of pronounced death is October 2, 2017. The examination is performed by Lary Simms, DO, MPH, Medical Examiner, at 1250 hours, October 3, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are jeans, black belt, multicolored shoes, blue top, black underwear, and tan bra.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult measuring 68 inches in length and weighing 175 pounds. Rigor mortis is absent. Lividity is present anteriorly and posteriorly and on the right side of the head. The head hair is dark and long and demonstrates a brown ponytail holder. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy and demonstrate soft contact lenses bilaterally. The irides are dark. The surfaces of the eyes bilaterally demonstrate transverse band discoloration (tache noire). The nose, lips and mouth are unremarkable. The teeth are natural and in good repair. No injuries are identified to the external neck. The chest and abdomen show no evidence of natural disease. The abdomen demonstrates scattered striae. The extremities are equally and symmetrically developed. The arms and hands show no evidence of acute injury. The fingernails and toenails are medium in length and the toenails demonstrate decoration. The external genitalia are female and otherwise unremarkable. A tampon string protrudes from the labia. The back and buttocks show no evidence of natural disease.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

2. Postmortem regional radiograph of the chest demonstrates opacification of the right lung field associated with enlargement of the heart shadow; the thoracic vertebral column demonstrates a convex right scoliosis without vertebral wedging; ballistically insignificant bullet fragments are scattered over the left lower chest.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrates ballistically insignificant bullet fragments scattered over the left upper abdomen; the pelvis soft tissue demonstrates benign calcifications.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **left back** 19.5 inches from the top of the head and 4.2 inches to the left of the posterior midline is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of a 0.12 inch hole associated with an eccentric abrasion collar measuring up to 0.05 inch in dimension.

   The wound courses through the skin and subcutaneous tissues of the left back, courses through the central chest crossing the midline and exits in the lateral aspect of the right breast; the exit wound is irregular in shape measuring 0.5 x 0.6 inch in dimension and is 19.5 inches from the top of the head and 1.5 inches anterior to the right anterior axillary line.

   Percutaneous thoracentesis of the left pleural cavity demonstrates gross blood; percutaneous thoracentesis of the right pleural cavity demonstrates gross blood.

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AUTOPSY REPORT

Case Number: [redacted]

The bullet courses from back-to-front and left-to-right directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

2. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

3. The left medial thigh demonstrates an irregular 0.6 inch ecchymosis.

4. Located in the central chest is a longitudinal curvilinear hypopigmented area.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Postmortem urine.
3. Vitreous humor.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]year-old [redacted] female, [redacted], is GUNSHOT WOUND OF THE LEFT BACK.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 20 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)
LS/kra/amu

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0545 hours on October 2, 2017

Date of examination: 0230 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of blue jean shorts, a gray shirt, black bra, boots, and socks accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] female appearing consistent with the listed age of [redacted] years. The length is 63 inches, and the weight is 117 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with red hair measuring up to 8 inches on the top of the head. The ears are normally formed with bloody drainage. The earlobes are pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae are free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female with a tampon present within the vagina.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. There is orange-pink paint spatter on the posterior aspects of both hands and forearms. The fingernails are short and painted pink.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and painted red.

BODY MARKINGS (SCARS AND TATTOOS):
Scars:
1. A 2 x 1/16 inch horizontal, linear scar under the right breast.

Tattoos:
1. A multicolor tattoo of a lion's head on the lower back.

EXTERNAL EVIDENCE OF INJURY

There is a perforating gunshot wound of the head. The directions are stated with reference to the standard anatomic positions.

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND OF HEAD:
ENTRANCE: There is an entrance gunshot wound on the right side of the head. It is centered 2-1/2 inches below the top of the head and 3-1/2 inches right of midline. It is a 1/8 inch circular defect with a 1/16 inch rim of abrasion. There is drying of the wound edges. There is no soot or stippling on the adjacent skin.

EXIT: There is an exit gunshot wound on the left side of the head. It is centered 3 inches below the top of the head and 6-1/4 inches left of midline. It is a 3/16 x 1/16 inch lacerated defect. A fragment of jacket is recovered from underlying the exit wound.

DIRECTION: Right-to-left, front-to-back and slightly downward.

GRAZE WOUND OF ARM:
There is a 1 x 1/2 inch graze wound of the posterior right wrist. It is centered 20-1/2 inches below the top of the shoulder and 1/2 inch left of midline.

PROJECTILE:
A metallic projectile is recovered during processing of the decedent.

SPECIMENS RETAINED

TOXICOLOGY: Subclavian blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.123 g/100ml).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of injuries and projectile are taken.

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AUTOPSY REPORT

Case Number: [redacted]

RADIOGRAPHS: Full body radiographs are taken and show projectile fragments in the head as well as skull fractures. Also noted is a metallic material in the area of the radius and ulna on the right.

OPINION

Based on the examination findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of head**, and the manner of death is **Homicide**.

CAUSE OF DEATH: This [redacted]year-old female, [redacted] died as a result of gunshot wound of head.

MANNER OF DEATH: **HOMICIDE.**

Date signed: 12/20/17

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/kra/ag

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: October 2, 2017 at 0545 hours.

Date of examination: October 4, 2017 at 0340 hours.

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Ann. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of gray shorts, a blue shirt, blue boxers and shoes accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] male appearing consistent with the listed age of [redacted] years. The length is 71 inches, and the weight is 190 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with brown hair measuring up to 1 inch on the top of the head. There is stubble on the face. The ears are normally formed and without drainage. No piercings are apparent. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. The fingernails are trimmed short and are clean.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are clean.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

EXTERNAL EVIDENCE OF INJURY

There is a penetrating gunshot wound of the chest. Directions are stated with reference to standard anatomic positions.

PENETRATING GUNSHOT WOUND OF THE CHEST:
ENTRANCE: There is an entrance gunshot wound on the right upper chest at the base of the neck. It is centered 9-1/2 inches below the top of the head and 3-1/4 inches right of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. No soot or stippling is noted on the adjacent skin.

PROJECTILE: A deformed projectile is recovered from the soft tissue of the left upper arm.

DIRECTION: Right-to-left and downward.

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Clark County Coroner
1704 Pinto Lane
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(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

SPECIMENS RETAINED

TOXICOLOGY: Subclavian and peripheral blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.111 g/100mL).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the gunshot wound and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show a projectile in the left upper arm.

CAUSE OF DEATH: This [redacted]year-old [redacted] male, [redacted], died as a result of gunshot wound of chest.

MANNER OF DEATH: **HOMICIDE**

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/ag

Date signed: 12/20/17

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Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL PATHOLOGIC FINDINGS

I. **Gunshot wound of the chest:**
   - A. Entrance: left side of the chest; no evidence of close range discharge of a firearm
   - B. Injured: skin and soft tissue of the left side of the chest, left anterior 2nd rib, mediastinum including the brachiocephalic artery and aortic arch, upper lobe of the right lung, and posterior aspect of the right 3rd rib
   - C. Exit: none
   - D. Recovered: an intact yellow-colored jacketed bullet from the right pleural cavity
   - E. Trajectory: left to right, front to back, and upward
   - F. Associated injuries: hemorrhage along the wound path, contusion of the upper lobe of the left lung, bilateral hemothoraces (right 1500 milliliters, left 500 milliliters), and mediastinal hemorrhage.

II. **Gunshot wound of the left forearm:**
   - A. Entrance: posterior aspect of the left elbow; no evidence of close range discharge of a firearm
   - B. Injured: skin and soft tissue of the left forearm
   - C. Exit: lateral aspect of the left forearm
   - D. Recovered: none
   - E. Trajectory: back to front, right to left, and downward
   - F. Associated injuries: hemorrhage along the wound path

III. **Toxicology: no screened medications or drugs of abuse identified**

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AUTOPSY REPORT

Case Number: [redacted]

OPINION

CAUSE OF DEATH: This [redacted] year-old female, [redacted] died of gunshot wounds of the chest and left forearm. She was shot during a mass fatality incident at a concert venue. The gunshot wound to the chest caused severe bleeding by injuring the lungs, aorta, and the first major branch of the aorta (brachiocephalic artery). The gunshot wound to the left forearm did not injure any vital structures, but did contribute to overall bleeding.

MANNER OF DEATH: HOMICIDE

Date: 20Dec2017

Paul S. Uribe, M.D.
Pathologist

PSU/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

The examination commences at 0200 on 4 Oct 2017.

IDENTIFICATION

At the time of autopsy, the body is identified by a Clark County Office of the Coroner/Medical Examiner "toe tag" inscribed with case [redacted] and the name [redacted]

CLOTHING

See "Evidence of Injury." At the time of autopsy, the body is received with jean shorts (cut), black bra (cut with 1/8 inch defect consistent with entrance wound), black shirt (cut with 1/8 inch defect consistent with entrance wound), and blue underwear (cut). A paper wristband is around the right wrist.

X-RAYS

Postmortem radiographs are obtained and the findings are incorporated in "Evidence of Injury."

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished obese female. The body measures 69 inches in length, weighs 284 pounds, and appears compatible with the reported age. Injuries are described in the section "Evidence of Injury" and medical therapy is described in the section "Evidence of Medical/Surgical Intervention." The body is cold. Rigor is present and resolving. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

HEAD: The head is normocephalic, and the scalp hair is brown and up to 11 inches in length. **EARS:** The ears are normally formed

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AUTOPSY REPORT

Case Number: [redacted]

and set. The external auditory canals are clear, and both earlobes are pierced. **EYES:** The irides appear brown. The corneae are clear. The conjunctivae are pale and without petechiae. The sclerae are white and without petechiae. **NOSE:** The nasal skeleton and maxilla are palpably intact. **MOUTH:** The lips are atraumatic. The teeth are natural and in good condition. **NECK:** Examination of the neck reveals no evidence of injury and the larynx and trachea are midline.

CHEST AND BACK: See "Evidence of Injury." The chest shows no externally evident injury of the sternum. The posterior torso is unremarkable. **ABDOMEN:** The abdomen is protuberant with striae. **GENITALIA:** The external genitalia are those of an adult female. **ANUS AND PERINEUM:** The anus and perineum are unremarkable.

EXTREMITIES: See "Evidence of Injury." The right upper and lower extremities show no evidence of fractures, lacerations, or deformities. The fingernails are intact. The fingers have been previously fingerprinted. The toenails are painted.

EVIDENCE OF MEDICAL/SURGICAL INTERVENTION

There is no evidence of acute medical or surgical intervention.

IDENTIFYING MARKS, SCARS AND TATTOOS

A 1/2 inch scar is on the left lower quadrant of the abdomen. An 8 inch horizontally oriented scar is on the lower abdomen. No tattoos are identified.

EVIDENCE OF INJURY

On the left side of the chest, centered 15 1/2 inches below the top of the head and 8 1/2 inches left of the anterior midline, is a 1/8 x 1/8 inch entrance wound with a surrounding

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CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

circumferential 1/16 inch partially circumferential marginal abrasion extending from 5-9 o'clock. No soot or gunpowder stippling is on the skin surrounding the entrance wound. The bullet injures the skin and soft tissue of the left side of the chest, left anterior 2nd rib (fractured with associated 1 x 1 centimeter defect in the underlying pleura), soft tissue of the mediastinum, brachiocephalic artery (transected), aortic arch (2 x 1 centimeter defect), upper lobe of the right lung (5 x 1 centimeter defect with associated 5 x 3 centimeter contusion), and posterior aspect of the right 3rd rib (fractured with associated 1 x 0.5 centimeter pleural defect. Recovered from the right pleural cavity is an intact yellow-colored jacketed bullet (photographed for documentation and retained as evidence). The trajectory of the wound path is left to right, front to back, and upward. Associated injuries include hemorrhage along the wound path, contusion of the upper lobe of the left lung (9 x 5 centimeters), bilateral hemothoraces (right with 1500 milliliters of blood, left with 500 milliliters of blood), and mediastinal hemorrhage.

On the posterior aspect of the right elbow, centered 23 inches below the top of the head and 1 1/2 inches left of the posterior midline of the arm, is a 1/8 x 1/8 inch entrance wound with a surrounding 1/16 inch partially circumferential marginal abrasion extending from 12-3 o'clock. No soot or gunpowder stippling is the skin surrounding the entrance wound. The bullet injures the skin and soft tissue of the left forearm. On the lateral aspect of the left forearm, centered 24 inches below the top of the head and 2 inches left of the anterior midline of the arm is a 1/4 x 1/4 inch lacerated exit wound. No bullet or bullet fragments are recovered along the wound path. The trajectory of the wound path is back to front, right to left, and downward. Associated injuries include hemorrhage along the wound path.

Defects in the black shirt and black bra are consistent with the entrance wound on the left side of the chest (see "Clothing"). No soot is grossly visible on the clothing.

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AUTOPSY REPORT

Case Number: [redacted]

INTERNAL EXAMINATION

BODY CAVITIES: See "Evidence of Injury." The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. No adhesions are in any of the body cavities. The organs occupy their usual anatomic position.

HEAD (CENTRAL NERVOUS SYSTEM): The scalp is reflected and the calvarium of the skull is removed. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. The brain weighs 1700 grams. The gyri and sulci are unremarkable. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the cerebellum and sagittal sections through the brainstem reveal no lesions. The atlanto-occipital joint is stable.

NECK: The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact mucosa. The tongue is free of bite marks or hemorrhage.

CARDIOVASCULAR SYSTEM: See "Evidence of Injury." The 420 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth. The coronary arteries are present in a normal distribution and are widely patent. The myocardium is firm and homogenous. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1, 1.3, and 0.4 centimeters thick, respectively. The endocardium is smooth and glistening. The injured aorta gives rise to three arch vessels. The renal and mesenteric vessels are unremarkable. The vena cavae and major tributaries return to the heart in the usual distribution and are free of thrombi.

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AUTOPSY REPORT

Case Number: [redacted]

RESPIRATORY SYSTEM: See "Evidence of Injury." The upper airway is free of abnormal secretions. The mucosal surfaces are smooth, intact, and unremarkable. Where uninjured, the pleural surfaces are smooth, glistening and unremarkable bilaterally. Where uninjured, the pulmonary parenchyma is diffusely congested and edematous, exuding slight amounts of blood and frothy fluid with no focal lesions noted. The pulmonary arteries are normally developed, patent, and without thrombus or embolus. The right lung weighs 250 grams; the left 300 grams.

HEPATOBILIARY SYSTEM: The 2050 gram liver has an intact, smooth capsule covering tan parenchyma with no focal lesions noted. The gallbladder contains approximately 3 milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree shows no evidence of stones.

GASTROINTESTINAL TRACT: The esophagus is lined by smooth, intact mucosa. The stomach, small bowel, and colon are unremarkable. The stomach contains 800 milliliters of tan partially digested food and fluid. The pancreas is pink-tan with a lobulated appearance. The appendix is present.

GENITOURINARY SYSTEM: The right kidney weighs 200 grams; the left kidney weighs 200 grams. The renal capsules are smooth and thin, and strip with ease from the underlying smooth, tan cortical surfaces. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The bladder contains no urine. The ovaries, fallopian tubes, uterus, and cervix are unremarkable.

LYMPHORETICULAR SYSTEM: The 150 gram spleen has a smooth, intact capsule covering red-purple parenchyma. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM: The pituitary gland is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric,

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AUTOPSY REPORT

Case Number: [redacted]

with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM: See "Evidence of Injury." No non-traumatic abnormalities of muscle or bone are identified.

MICROSCOPIC EXAMINATION: Selected portions of organs are retained in formalin without preparation of histologic slides.

SPECIMENS: Specimens retained for toxicology testing and/or DNA identification include vitreous fluid, liver, and cavity blood.

EVIDENCE: An intact yellow-colored jacketed bullet is recovered from the right pleural cavity (photographed for documentation and retained as evidence).

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Clark County Coroner
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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0545 hours on October 2, 2017

Date of examination: 2340 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the name [redacted] and the case number.

WITNESSES: Assisting is Forensic Technician Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of black leggings, underwear, white bra and black tunic accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, obese (BMI = 45.4 kg/m^2), female appearing in her [redacted]. The length is 62 inches, and the weight is 248 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with black hair measuring up to 8 inches on the top of the head. The face is clean shaven. The earlobes are pierced. The irides are brown, the corneas are opaque, and the bulbar and palpebral conjunctivae are free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

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AUTOPSY REPORT

Case Number: [redacted]

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is mildly protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. The fingernails are cut short and are slightly dirty.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are clean.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

EXTERNAL EVIDENCE OF INJURY

There is a penetrating gunshot wound of the back. The directions are stated with reference to the standard anatomic positions.

PENETRATING GUNSHOT WOUND OF BACK:

ENTRANCE: There is an entrance gunshot wound on the left side of the back. It is centered 12-1/2 inches below the top of the head and 1 inch left of midline. There is a 1/8 x 1/16 inch defect with a 1/16 inch rim of abrasion.

PROJECTILE/SITE OF LODGEMENT: A metallic projectile is recovered from the subcutaneous tissue of the left breast.

DIRECTION: Back-to-front, right-to-left, and downward.

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AUTOPSY REPORT

Case Number: [redacted]

SPECIMENS RETAINED

TOXICOLOGY: Chest blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.043 g/100mL).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of injuries and the projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show a projectile in the left chest area.

OPINION

Based on the examination findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of back**, and the manner of death is **Homicide**.

CAUSE OF DEATH: This [redacted]year-old female, [redacted] died from gunshot wound of back.

MANNER OF DEATH: **HOMICIDE.**

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/kra/ag

Date signed: 12/20/17

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1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

FINAL ANATOMIC DIAGNOSES

I. Penetrating gunshot wound of the head.
   A. Entrance wound: right frontal scalp.
   B. Path of the missile is (anatomic position): right-to-left, front-to-back and downward.
   C. Recovered: 3/4 x 3/8 inch non-deformed copper jacketed projectile.
   D. Status post left-sided hemicraniectomy.

II. Penetrating gunshot wound of the left lower extremity.
   A. Entrance wound: left lower extremity.
   B. Path of the projectile (anatomic position): right-to-left, front-to-back and upward.
   C. Recovered: 1/4 x 1/16 x 1/8 inch deformed gray metal projectile fragment.

SUMMARY AND INTERPRETATION

This [redacted]year-old [redacted] male, [redacted], died of a penetrating gunshot wound of the head. The projectile entered the right frontal scalp and perforated the right frontal lobe and left parietal lobe of the brain. The second gunshot wound of the left lower extremity was caused by a fragmented projectile that entered the deep soft tissues of the calf muscle without injuring the major vessels of the leg. The decedent underwent emergent neurosurgery (hemicraniectomy) at Sunrise Hospital and where continued medical management was unsuccessful. With the information available to me at this time, the manner of death, in my opinion, is Homicide.

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AUTOPSY REPORT

Case Number: [redacted]

CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH: HOMICIDE.

CIRCUMSTANCES OF DEATH: The decedent was shot during a mass fatality incident.

Jerry J. Hodge, D.O.

DATE: 20 Dec 17

JH/kra/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

DATE AND TIME OF DEATH: October 3, 2017 at 1328 hours.

DATE AND TIME OF AUTOPSY: October 4, 2017 at 0040 hours.

FORENSIC PATHOLOGIST: Jerry J. Hodge, D.O.

CLOTHING AND PERSONAL EFFECTS

The body is received unclad.

EVIDENCE OF MEDICAL INTERVENTION

Evidence of medical intervention on the body at the time of autopsy includes a triple lumen intravascular access device that is in the right side of the neck. An intravenous access device is in the right antecubital fossa and dorsum of the right hand. A Foley catheter is in the penis. A 12 inch curvilinear sutured incision extends from the left frontoparietal scalp to the left temporal scalp overlying just above the left ear. A 2 inch oblique sutured incision is on the right frontal scalp.

EXTERNAL EXAMINATION

The unembalmed body is that of an adult [redacted] male with a weight of 200 pounds and a body length of 68 inches. Rigor mortis is fixed and symmetric in all extremities. Livor mortis is fixed on the posterior aspect of the body, except in areas exposed to pressure. The body temperature is cool to touch.

The scalp hair is brown in color and measures 2-3 inches in length. Facial hair consists of a brown mustache. The irides

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AUTOPSY REPORT

Case Number: [redacted]

are blue. The teeth are natural. Evidence of injury to the head will be described below in the Evidence of Injury section.

The thorax is symmetrical and normally developed. The abdomen is mildly protuberant. The external genitalia are those of an adult male. There is no evidence of trauma to the torso or to the urogenital area.

The upper extremities are normally developed and symmetrical with no clubbing or edema. The hands and fingers show no evidence of trauma. The fingernails are intact. The lower extremities are normally developed and symmetrical with no edema. Injury to the left lower leg will be described below in the Evidence of Injury section. There is a Clark County Office of the Coroner/Medical Examiner (CCOCME) identification band on the right great toe.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

The decedent has no observable tattoos. A well-healed 7 inch curvilinear scar is on the medial aspect of the right knee.

EVIDENCE OF TRAUMA

GUNSHOT WOUND OF THE HEAD:

Situated 2 inches below the top of the head and 3 inches above and 1 inch anterior to the right ear is a 1/8 x 1/8 inch gunshot entrance wound circumferentially surrounded by 1/8 inch abrasion ring. Underlying the scalp is a 1 x 5/16 elongated deficit in the right frontal skull which demonstrates internal beveling. Upon reflection of the scalp, diffuse subgaleal hemorrhage is noted. The calvarium is removed revealing diffuse subarachnoid hemorrhage of the brain. The path of the missile perforates the right frontal lobe and extends into the left parietal lobe. Diffuse cerebral contusions are noted along the projectile path. A 3/4 x 3/8 inch non-deformed copper jacketed projectile is

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AUTOPSY REPORT

Case Number: [redacted]

located in the lateral aspect of the junction of the left middle and posterior cerebral fossae. The path of the missile is (anatomic position): right-to-left, front-to-back, and downward. Spectacle hemorrhage is present about both eyes.

GUNSHOT WOUND OF THE LEFT LOWER EXTREMITY:

On the medial aspect of the left lower extremity situated 11 inches above the medial aspect of the left heel and 2 inches left of the midline is a 1/8 x 1/8 inch gunshot entrance wound. The wound track extends laterally and posteriorly to the deep soft tissues of the calf muscle where a 1/4 x 3/4 x 1/8 inch deformed gray projectile fragment is recovered. Injuries to the major blood vessels of the leg are not demonstrated. The path of the missile is (anatomic position): right-to-left, front-to-back and upward.

INTERNAL EXAMINATION

NERVOUS SYSTEM:

Injuries to the head have been described and will not be repeated. The 1670-gram brain shows flattening of gyri and widening of sulci consistent with diffuse cerebral edema. External landmarks are readily identified. Sections through the stem show diffuse hemorrhage due to herniation.

TOXICOLOGY SPECIMENS

Samples of peripheral blood are collected and submitted for toxicological examination. Complete results are in a separate report, however are negative for ethanol or illicit drugs. Fentanyl is detected which is a hospital administered medication.

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AUTOPSY REPORT

Case Number: [redacted]

MICROSCOPIC DESCRIPTION

Representative sections of cerebral tissue are retained in formalin without preparation of slides.

ADDITIONAL PROCEDURES

Photographic and radiographic images, fingerprints, and a DNA card are obtained at the time of autopsy. The skull and facial skeleton are intact. The projectile is visualized in the side of the skull as recovered at autopsy. X-rays of the chest, abdomen and pelvis show no evidence of skeletal injuries. A projectile fragment is noted in the left lower extremity as recovered at autopsy.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL DIAGNOSES

1. Gunshot wound to the head
2. Abrasions on the mid and right forehead, left medial eyebrow, side of the right lower abdomen, posterior right elbow, distal right second finger, knees, dorsal surface of the right foot along the second toe and medial surface of the left big toe
3. Contusions on the upper inner quadrant of the left breast, anterior left lower abdomen, knuckles of the right fourth and fifth fingers, posterior base of the left thumb, proximal anterior left leg and lateral right ankle

OPINION:

It is my opinion that death was caused by gunshot wound to the head.

There was an entrance gunshot wound on the midline back of the head. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the scalp, occipital bone, meninges, left cerebellar hemisphere, and left cerebral hemisphere of the brain which included the brainstem. Associated injuries included subcutaneous scalp hemorrhage with corresponding galeal hemorrhage, left temporalis muscle hemorrhage, multiple fractures of the skull, subarachnoid hemorrhage, scattered bruising of the brain and bruising around the right eye. The wound track was from back to front, right to left and downward when the body is viewed in the standard anatomical position. There fragments of jacketed bullet recovered from the wound track.

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AUTOPSY REPORT

Case Number: [redacted]

Additional injuries included abrasions on the forehead and left eyebrow, side of the right lower abdomen, right elbow, right second finger, knees, right foot and left big toe, and bruising on the left breast, left lower abdomen, knuckles of the right fourth and fifth fingers, left thumb, left leg and side of the right ankle.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.101 g/100 mL.

CAUSE OF DEATH: Gunshot wound to the head

MANNER: HOMICIDE

DATE: 12/20/2017

Leonardo Roquero, M.D.
Medical Examiner

LR/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 3, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], female, appearing about the recorded age of [redacted] years. The body measured 71 inches in length and weighed 184 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of shirt, shorts, bra and underwear, and a hospital gown. The scalp hair was red. The eyes had white sclerae, pink conjunctivae, and hazel irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical. The abdomen was flat. The external genitalia were those of a normal adult female. The back showed no significant deformities or other abnormalities. There were design tattoos on the left lower back, legs and left foot. A hospital identification band encircled the left wrist. There was a plastic bracelet around the right wrist.

EVIDENCE OF TREATMENT:

Electrocardiographic pads were present.

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE HEAD:

There was 1.5 cm x 1.1 cm entrance gunshot wound on the posterior surface of the head, 4 inches below the top of the head and midline. The wound was partly rounded with marginal

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CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

abrasion and with stellated lacerations. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the scalp, mid-occipital bone, meninges, left cerebellar hemisphere, left occipital lobe, left temporal lobe, midbrain, and left frontal lobe. Associated injuries included subcutaneous scalp hemorrhage on the frontal and posterior regions of the head with corresponding galeal hemorrhage, left temporalis muscle hemorrhage, multiple fractures of the skull which included the occipital bone, left parietal and temporal and bilateral frontal bone including the right orbital bone, right periorbital contusion, bilateral subarachnoid hemorrhage, contusions of the cerebellum, bilateral occipital and temporal lobes and right frontal lobe of the brain. The wound track was from back to front, right to left and downward when the body is viewed in the standard anatomical position. There fragments of jacketed bullet recovered from the wound track.

Additional injuries:

There was a 1-1/4 inch x 1 inch cluster of abrasions on the glabella and left medial eyebrow. There was a 1 inch x 1 inch cluster of contused abrasions on the right forehead. There was a 1-3/4 inch x 1-3/4 inch pale green contusion on the upper inner quadrant of the left breast. There was a 1-1/2 inch x 1/8 cluster of abrasions on the side of the right lower abdomen. There was a 1 inch x 1 inch pale green contusion on the anterior left lower abdomen. There was a 3 inch x 2 inch cluster of abrasions on the posterior right elbow. There was a 3/4 inch x ¾ inch abrasion on the distal right second finger. There was a 1 inch x 1 inch cluster of pink contusions on the knuckles of the right fourth and fifth fingers. There was a ¾ inch x ¾ inch pink contusion on the posterior base of the left thumb. There was a 2 inch x 2 inch cluster of abrasions on the right knee. There was a 2-1/2 inch x 1-3/4 inch cluster of abrasions on the left knee. There was a 2 inch x 2 inch pale tan-green contusion on the proximal anterior left leg. There was a 1 inch x 1 inch pink

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AUTOPSY REPORT

Case Number: [redacted]

contusion on the lateral right ankle. There was a 1/8 inch x 1/8 inch abrasion on the dorsal surface of the right foot along the second toe. There was a 1 inch x ¾ inch abrasion on the medial surface of the left big toe.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Brain: 1300

An autopsy was performed utilizing the posterior coronal scalp incisions.

Head:
The 1300 gm brain was free of neoplastic lesions.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken. There were fragments of bullet present in the head.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL DIAGNOSES

1. Gunshot wound to the right chest
2. Abrasions on the right side of the chin, elbows and posterior left hand located along the fifth metacarpal region

OPINION:

It is my opinion that death was caused by gunshot wound to the right chest sustained during mass fatality incident.

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was an entrance gunshot wound on the right upper chest. There were two abrasions adjacent to the wound. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the skin and soft tissue, right subclavian vessels, right clavicle and right upper lung lobe. Associated injuries included soft tissue hemorrhage of the right neck, shoulder and right chest and right hemothorax. The wound track was from front to back and downward when the body is viewed in the standard anatomical position. There were fragments of jacketed bullet recovered from the wound track.

Additional injuries:
There were pseudostippling wounds adjacent to the entrance gunshot wound and located on the anterior right shoulder, and chest with right more than the left. Additional pseudostippling wounds were also present on the right eyebrow, right lower lip and right side of the face, right side of the neck and right

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AUTOPSY REPORT

Case Number: [redacted]

arm. Abrasions on the right side of the chin, elbows and posterior left hand located along the fifth metacarpal region.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.067 g/100 mL.

CAUSE OF DEATH: Gunshot wound to the right chest

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner

DATE: 12/20/2017

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 1, 2017
Date of Postmortem Examination: October 3, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], male, appearing about the recorded age of [redacted] years. The body measured 64 inches in length and weighed 149 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of a underwear. The scalp hair was brown. The eyes had white sclerae, pink conjunctivae, and hazel irides. The dentition was natural. There was stubble. The abdomen was flat. The external genitalia were those of a normal adult male. The back showed no significant deformities or other abnormalities. There were tattoos on side of the left torso and left upper back. A hospital identification band encircled the left wrist. A plastic wrist band encircled the right wrist.

EVIDENCE OF TREATMENT:

Endotracheal and orogastric tubes, intravascular line in the left antecubital fossa, defibrillator and electrocardiograph pads, bilateral chest needle decompression sites with syringe in place, right-sided chest tube and midline chest abrasions consistent with cardiopulmonary resuscitation were present.

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a 1.8 cm x 1.6 cm round entrance gunshot wound on the right chest, 12 inches below the top of the head and 2-1/4 inches right of the anterior midline. There were ½ inch x 1/8

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AUTOPSY REPORT

Case Number: [redacted]

inch linear abrasion and a ½ inch x ½ inch "L" shaped abrasion adjacent to the wound located at 12 o'clock to 3 o'clock position. There was a 15 inch x 7 inch cluster of round abrasions and lacerations of different sizes adjacent the wound and located on the anterior right shoulder and right chest more than the left chest. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the skin and soft tissue, right subclavian vessels, right clavicle and right upper lung lobe. Associated injuries included soft tissue hemorrhage of the right neck, shoulder and right chest and right hemothorax of approximately 1000 mL. The wound track was from front to back, and downward when the body is viewed in the standard anatomical position. There were fragments of jacketed bullet recovered from the wound track.

Additional injuries:
There was a 1/8 inch x 1/8 inch abrasion on the medial surface of the right eyebrow. There was 3 inch x 3 inch cluster of abrasions and lacerations on the right lower lip and right side of the face. There was a ¾ inch x ¼ inch abrasion on the right side of the chin. There was a 1/16 inch x 1/16 inch abrasion on the right side of the neck. There was a 7 inch x 4 inch cluster of abrasions and lacerations on the posterior right arm. There was a 2 inch x 1-3/4 inch abrasion on the posterior right elbow. There was a ½ inch x ½ inch abrasion on the posterior left elbow. There was a 1/8 inch x 1/32 inch abrasion on the posterior left hand located along the fifth metacarpal region.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Heart:	350
Right Lung:	320
Left Lung:	350
Liver:	1300
Spleen:	90

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AUTOPSY REPORT

Case Number: [redacted]

Right Kidney: 100
Left Kidney: 100

An autopsy was performed utilizing the normal thoraco-abdominal incision. The viscera were in their normal anatomical positions. **Except for the above previously described injuries**, the internal systems were as follows:

Neck:
No abnormality was noted in the hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:
The 350 gm heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease. No acute thrombi were present. Both ventricles were of normal size and their walls were of normal thickness. No focal endomyocardial lesions were present. The papillary muscles and chordae tendineae were not thickened, and the heart valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:
The larynx and trachea were unremarkable. The right and left lungs weighed 320 gm and 350 gm, respectively. The left lung had. No pulmonary emboli were identified.

Hepatobiliary System:
The 1300 gm liver had firm dark tan surfaces and an unremarkable parenchymal pattern. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:
The 90 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

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AUTOPSY REPORT

Case Number: [redacted]

Alimentary System:
The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 50 mL of partially digested food.

Pancreas:
The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:
The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:
The right and left kidneys weighed 100 gm and 100 gm, respectively. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:
Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 1, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], male, appearing about the recorded age of [redacted] years. The body measured 67 inches in length and weighed 182 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of underwear. The head was normocephalic and the scalp hair was brown. The eyes had white sclerae, pale conjunctivae, and brown irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was flat. There was a hyperpigmented dermal patch on the lateral left thigh. The external genitalia were those of a normal adult circumcised male. There were scars on the left wrist and hand. A hospital identification band and plastic bracelet were around the right wrist as well as another plastic bracelet encircled the left wrist.

EVIDENCE OF TREATMENT:

There were endotracheal tube, needle puncture marks on the posterior left hand, dorsal surface of the left foot, needle decompression mark on the right and left upper chests, and defibrillator and electrocardiograph pads were present.

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AUTOPSY REPORT

Case Number: [redacted]

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE LEFT BACK:

There was a 0.3 cm x 0.3 cm entrance gunshot wound on the back, 13 inches below the top of the head and 5 inches left of the posterior midline. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue of the back, posterior left fourth rib, left lung, heart, right lung, soft tissue of the right lateral chest wall where a deformed jacketed bullet with an overlying pink contusion was recovered, 17-3/4 inches below the top of the head and 7-1/2 inches right of the anterior midline. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces of at least 20 mL in the right pleural cavity and 15 mL in the left pleural cavity. The wound track was from back to front, left to right and downward when the body is viewed in the standard anatomical position.

Additional injuries:

There was a ¼ inch x ¼ inch abrasion on the right side of the head. There was a 1 inch x 1 inch contused abrasions on the medial surface of the proximal left thigh. There was a 1 inch x 1 inch pale green contusion on the anterior distal left thigh.

SPECIMEN RETAINED: None

RADIOGRAPHS:
Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

FINAL DIAGNOSES

1. Penetrating gunshot wound to the left back
2. Abrasions on the right side of the head and medial surface of the proximal left thigh
3. Contusion on the anterior distal left thigh

OPINION:

It is my opinion that death was caused by gunshot wound to the left back sustained during mass fatality incident.

PENETRATING GUNSHOT WOUND TO THE LEFT BACK:

There was an entrance gunshot wound on the left upper back. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue of the back, posterior left fourth rib, left lung, heart, right lung, soft tissue of the right lateral chest wall along the mid-axillary line where a deformed jacketed bullet with an overlying pink contusion was recovered. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces. The wound track was from back to front, left to right and downward when the body is viewed in the standard anatomical position.

Additional injuries included abrasion on the right temple of the head, and abrasion and contusion on the left thigh.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.186 g/100mL.

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AUTOPSY REPORT

Case Number: [redacted]

CAUSE OF DEATH: Gunshot wound to the left back.

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner
LR/amu/ag

DATE: 12/20/2017

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2257 hours on October 1, 2017

Date of examination: 0055 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of gray shorts, boxers, and socks accompany the body.

EVIDENCE OF MEDICAL THERAPY:
1. Endotracheal tube.
2. Automated external defibrillator pads.
3. Bilateral incisions on the lateral sides consistent with chest tube placement.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] male appearing consistent with the listed age of [redacted] years. The length is 69 inches, and the weight is 185 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with blond hair measuring up to 1/2 inch on the top of the head. There is stubble on the face. The ears are normally formed and without drainage. No piercings are apparent. The irides are blue, the corneas are clear, and the

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AUTOPSY REPORT

Case Number: [redacted]

bulbar and palpebral conjunctivae are free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. The fingernails are trimmed short and are clean.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are clean.

BODY MARKINGS (SCARS AND TATTOOS): None identified.

EXTERNAL EVIDENCE OF INJURY

There is a perforating gunshot wound of the back. The directions are stated with reference to the standard anatomic positions.

PERFORATING GUNSHOT WOUND OF BACK:

ENTRANCE: There is an entrance gunshot wound on the left side of the back. It is centered 13-1/2 inches below the top of the head and 5-1/4 inches left of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion.

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AUTOPSY REPORT

Case Number: [redacted]

EXIT: There is an exit gunshot wound on the left upper chest. It is centered 13 inches below the top of the head and 4-1/2 inches left of midline. It is a 3/8 x 3/8 inch defect.

DIRECTION: Back-to-front, left-to-right, and upward.

OTHER INJURIES: There is a 1/4 x 1/4 inch abrasion on the left knee.

SPECIMENS RETAINED

TOXICOLOGY: Subclavian blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.017 g/100mL).

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of injuries are taken.

RADIOGRAPHS: Full body radiographs are taken and show very small metallic fragments in the low chest.

OPINION

Based on the examination findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of back**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]-year-old male, [redacted] died of gunshot wound of back.

MANNER OF DEATH: **HOMICIDE.**

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/kra/ag

Date signed: 12/20/17

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL DIAGNOSES

1. Penetrating gunshot wound to the right chest
2. Abrasions on the right corner of the mouth
3. Contusions on the medial surface of the right elbow, lateral surface of the right upper abdomen, and posterior left arm and elbow

OPINION:

It is my opinion that death was caused by gunshot wound to the right chest sustained during mass fatality incident.

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was an entrance gunshot wound on the right upper chest along the anterior axillary line. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, right third intercostal space, right lung, right diaphragm, right lobe of the liver, posterior right eighth intercostal space, T8 thoracic vertebra and soft tissue of the midline back, where a deformed jacketed bullet was recovered. Associated injuries included right chest and retroperitoneal soft tissue hemorrhage, hemorrhage along the wound path and bleeding in the right side of the body cavity. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position.

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AUTOPSY REPORT

Case Number: [redacted]

Additional injuries included abrasions on the right corner of the mouth, and contusions on the right side of the upper abdomen, back of the left arm and elbows.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.044 g/100mL.

CAUSE OF DEATH: Gunshot wound to the right chest

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner

DATE: 12/20/2017

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 2, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], female, appearing about the recorded age of [redacted] years. The body measured 69 inches in length and weighed 206 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of three pieces of shirt, shorts, underwear, socks and boots.
The head was normocephalic and the scalp hair was blonde. The eyes had white sclerae, pale conjunctivae, and blue irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was rounded. The external genitalia were those of a normal adult female. There were tattoos on back of the neck, right lower abdomen, back, and back of the ankles.

EVIDENCE OF TREATMENT:

Electrocardiograph pads were in place

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a 0.5 cm x 0.4 cm round entrance gunshot wound on the chest, 14 inches below the top of the head and 7-3/4 inches right of the anterior midline. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, right third intercostal space, right middle lung lobe, right lower

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AUTOPSY REPORT

Case Number: [redacted]

lung lobe, right wing of the diaphragm, right lobe of the liver, posterior right eighth intercostal space, T8 thoracic vertebra and soft tissue of the midline back, where a deformed jacketed bullet was recovered. Associated injuries included right chest and retroperitoneal soft tissue hemorrhage, hemorrhage along the wound path and approximately 800 mL of blood in the body cavity. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position.

Additional injuries:

There was a 2 inch x 1-3/4 inch cluster of abrasions on the right corner of the mouth. There was a 1 inch x 1 inch pale purple contusion on the medial surface of the right elbow. There was a 1-1/4 inch x 1 inch purple contusion on the lateral surface of the right upper abdomen. There was a 1 inch x 1 inch purple contusion on the posterior left arm. There was a 1 inch x 1 inch pale green contusion on the posterior left elbow.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Heart:	330
Right Lung:	370
Left Lung:	320
Liver:	2010
Spleen:	170
Right Kidney:	140
Left Kidney:	120

An autopsy was performed utilizing the normal thoraco-abdominal incision. The viscera were in their normal anatomical positions. **Except for the above previously described injuries,** the internal systems were as follows:

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AUTOPSY REPORT

Case Number: [redacted]

Neck:
No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:
The 330 gm heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease. No acute thrombi were present. Both ventricles were of normal size and their walls were of normal thickness. No focal endomyocardial lesions were present. The papillary muscles and chordae tendineae were not thickened, and the heart valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:
The larynx and trachea were unremarkable. The right and left lungs weighed 370 gm and 320 gm, respectively. There was congestion in the parenchyma. No pulmonary emboli were identified.

Hepatobiliary System:
The 2010 gm liver had firm dark tan surfaces and red-tan parenchymal pattern. The gallbladder was unremarkable.

Hemolymphatics:
The 170 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:
The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 150 mL of partially digested food.

Pancreas:
The pancreas showed an unremarkable tan lobulated pattern.

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AUTOPSY REPORT

Case Number: [redacted]

Endocrine System:
The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:
The right and left kidneys weighed 140 gm and 120 gm, respectively. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder, uterus, fallopian tubes and ovaries.

Musculoskeletal System:
Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of chest.
II. Mild cardiomegaly with dilatation.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of chest**, and the manner of death is **Homicide**.

CAUSE OF DEATH: This [redacted]year-old [redacted]male, [redacted] died of a gunshot wound of the chest.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: October 1, 2017 at 2230 hours

Date of autopsy: October 2, 2017 at 1955 hours

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A bag of clothing accompanies the body and is not examined.

EVIDENCE OF MEDICAL THERAPY:
1. Intraosseous line in the left tibia.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] male appearing consistent with the listed age of [redacted] years. The length is 79 inches, and the weight is 272 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, non-blanching, and in a posterior distribution.

HEAD: The scalp is covered with black hair measuring up to 1/2 inch on the top of the head. There is a beard on the face. The ears are normally formed and without drainage. The left earlobe is pierced. The irides are hazel, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are

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AUTOPSY REPORT

Case Number: [redacted]

natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The abdomen is slightly protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and clean and do not extend beyond the fingertips.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and clean.

BODY MARKINGS (SCARS AND TATTOOS):
Scars: None identified.

Tattoos: There are multiple monochromatic and multicolored tattoos on the torso and extremities. They are photographed for documentation purposes.

INJURIES, EXTERNAL AND INTERNAL

There is a penetrating gunshot wound of the chest. Directions are stated with reference to standard anatomic positions.

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AUTOPSY REPORT

Case Number: [redacted]

PENETRATING GUNSHOT WOUND OF CHEST:

ENTRANCE: There is an entrance gunshot wound on the right upper chest on the superior aspect of the right shoulder. It is centered 9 inches below the top of the head and 7-3/4 inches right of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. There is no soot or stippling on the adjacent skin.

PATH: The projectile enters the superior aspect of the right shoulder through the right second intercostal space, perforating the upper lobe of the right lung, the proximal aorta and the upper lobe of the left lung and exits the chest through the left 3rd and 4th ribs anteriorly. There are bilateral hemothoraces of approximately 1500 mL each.

PROJECTILE/SITE OF LODGEMENT: A small caliber, jacketed projectile is recovered from the soft tissue in the anterior chest wall near the left 3rd and 4th ribs.

DIRECTION: Right-to-left and downward without significant front/back deviation.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 4.0 cm in thickness. There are bilateral hemothoraces as described above. The organs are normally located. The diaphragm is intact.

CARDIOVASCULAR SYSTEM: See Injuries, External and Internal. The heart weighs 470 grams and is mildly enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. The coronary arteries have less than 10% yellow, atherosclerotic stenosis.

The myocardium is red-brown, firm, and uniform without focal fibrosis, softening, or hyperemia. The ventricles are mildly dilated. The right ventricle, left ventricle, and interventricular septum measure 0.3 cm, 0.8 cm, and 0.9 cm, respectively.

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Case Number: [redacted]

The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta follows its usual course and has minimal atherosclerotic changes. There is a defect in the proximal descending aorta as described above. There are no aneurysms. The vena cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: See Injuries, External and Internal. The right and left lungs weigh 330 and 350 grams, respectively, and have the usual lobation. The pleura are smooth and glistening; the lungs have no anthracotic pigment. The lungs are atelectatic. The parenchyma is dark red and exudes moderate amounts of fluid. There is focal hemorrhage in the area of the defect. The lungs have no consolidation, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain blood fluid and have tan-pink mucosa.

HEPATOBILIARY SYSTEM: The liver weighs 1530 grams. The intact capsule is smooth and glistening. The parenchyma is red-brown and uniform without mass, hemorrhage, yellow discoloration, or palpable fibrosis.

The gallbladder contains less than 5 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

HEMOLYMPHATIC SYSTEM: The spleen weighs 120 grams. The capsule is smooth and intact. The parenchyma is maroon, firm, and uniform.

There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

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AUTOPSY REPORT

Case Number: [redacted]

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 40 ml of food material. No pill residue or pill material is identified. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 130 and 140 grams, respectively, and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains 30 ml of clear yellow urine. The mucosa is intact, and the bladder wall is not hypertrophied.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. There are no fractures of the clavicles, sternum, vertebrae, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm.

HEAD: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

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Case Number: [redacted]

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1320 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions.

SPECIMENS RETAINED

TOXICOLOGY: Samples of central and peripheral blood, vitreous humor, urine, and liver are retained for toxicology. Toxicological testing detected no alcohol or common drugs of abuse.

HISTOLOGY: Representative sections of organs and tissues are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of injuries and the projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show a projectile in the left chest.

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AUTOPSY REPORT

Case Number: [redacted]

October 2, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2230 hours on October 1, 2017

Date of examination: 2330 hours on October 2, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of black pants, a blue and yellow shirt, and black shoes accompanies the body.

EVIDENCE OF MEDICAL THERAPY:
1. Oropharyngeal airway.
2. Automated external defibrillator pads.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished, [redacted] male appearing consistent with the listed age of [redacted] years. The length is 73 inches, and the weight is 265 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with black hair measuring up to 1 inch on the top of the head and closer on the sides. There is a beard and moustache on the face. The ears are normally formed with bloody drainage. No piercings are apparent. The irides are brown, the corneas clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose

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AUTOPSY REPORT

Case Number: [redacted]

is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is slightly protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of an uncircumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are seen. The fingernails are trimmed short and slightly bloody.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are trimmed short and are clean.

BODY MARKINGS (SCARS AND TATTOOS):
Scars:
1. A 1 x 1-1/16 scar on the right thigh.

Tattoos: None identified.

EXTERNAL EVIDENCE OF INJURY

There is a penetrating gunshot wound of the head. Directions are stated with reference to standard anatomic positions.

PENETRATING GUNSHOT WOUND OF HEAD:
ENTRANCE: There is an entrance gunshot wound on the right side of the forehead. It is centered 3/4 inches below the top of the head

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AUTOPSY REPORT

Case Number: [redacted]

and 2-1/4 inches right of midline. It is a 1/8 inch diameter defect with a 1-1/6 rim of abrasion. No soot or stippling is identified on the adjacent skin.

PATH: The projectile enters the head, fracturing the skull and injuring the brain and fragmenting into numerous small pieces. There are bilateral periorbital ecchymosis.

DIRECTION: Front-to-back and right-to-left.

OTHER INJURIES:

There is a 1 x 1 inch purple contusion on the posterior aspect of the right hand.

SPECIMENS RETAINED

TOXICOLOGY: Peripheral blood and vitreous humor are retained for toxicology. Toxicological testing detected no alcohol or common drugs of abuse.

HISTOLOGY: No tissue is retained.

PHOTOGRAPHS: Digital identification photographs and overall external body photographs are taken.

RADIOGRAPHS: Full body radiographs are taken and show numerous small metallic fragments in the head and numerous skull fractures.

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AUTOPSY REPORT

Case Number: [redacted]

CAUSE OF DEATH: This [redacted]year-old [redacted]male, [redacted] died as a result of gunshot wound of head.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist
JC/rg/ag

Date signed: 12/20/17

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 1, 2017
Date of Postmortem Examination: October 3, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], female, appearing about the recorded age of [redacted] years. The body measured 73 inches in length and weighed 195 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of shorts, 2 pieces of shirt, socks and boots. The scalp hair was brown with hair clips. The eyes had white sclerae, pink conjunctivae, and brown irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was rounded. The external genitalia were those of a normal adult female. The back showed no significant deformities or other abnormalities. There was a linear scab on the anterior left elbow. There were tattoos on side of the right chest, anterior left wrist. There were scars on the breasts. A plastic wrist band was around the right wrist.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

PENETRATING GUNSHOT WOUND TO THE LEFT CHEST:

There was a 0.5 cm x 0.5 cm round entrance gunshot wound on the left chest, 21 inches below the top of the head and 7-1/2 inches left of the anterior midline. There was surrounding purple contusion around the wound. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the skin and soft

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AUTOPSY REPORT

Case Number: [redacted]

tissue, lateral left eighth intercostal space, left lung, heart, right lung, lateral right fourth rib, and soft tissue of the right axilla where a deformed jacketed bullet was recovered with an overlying 1 inch x 15/8 inch purple contusion, 12 inches below the top of the head and 7-1/2 inches right of the anterior midline. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces. The wound track was from left to right and upward when the body is viewed in the standard anatomical position.

Additional injuries:
There was a ¼ inch x ¼ inch abrasion on the right forehead. There was a 2 inch x 1/16 inch diagonal linear abrasion on the lateral left eyebrow. There was a 2-1/2 inch x 2-1/2 inch abrasion on the midline lower back and gluteal cleft. There was a ¼ inch x 1/16 inch linear abrasion on the medial surface of the right elbow. There was a ¾ inch x ¾ inch purple contusion on the posterior right elbow. There was a 3 inch x 3 inch pink contusion on the posterior right hand. There was a ½ inch x ¼ inch cluster of abrasions on the lateral surface of the right fifth knuckle. There was a ¼ inch x 1/8 inch abrasion on the posterior left forearm. There was a 1-1/4 inch x ¾ inch cluster of pink contusions and abrasions on the posterior left hand along the fourth and fifth metacarpal region. There was a ½ inch x ½ inch round abrasion and a ½ inch x ½ inch cluster of abrasions on the right knee. There was a 1 inch x ¾ inch abrasion on the left knee.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

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AUTOPSY REPORT

Case Number: [redacted]

FINAL DIAGNOSES

1. Gunshot wound to the left chest
2. Abrasions on the right forehead, lateral left eyebrow, midline lower back and gluteal cleft, medial surface of the right elbow, lateral surface of the right fifth knuckle, posterior left forearm, posterior left hand along the fourth and fifth metacarpal region and knees
3. Contusions on the posterior right elbow and hand, and posterior left hand along the fourth and fifth metacarpal region

OPINION:

It is my opinion that death was caused by gunshot wound to the left chest sustained during mass fatality incident.

PENETRATING GUNSHOT WOUND TO THE LEFT CHEST:

There was an entrance gunshot wound on the side of the left chest, below the left breast. There was bruising around the wound. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the skin and soft tissue, lateral left eighth intercostal space, left lung, heart, right lung, lateral right fourth rib, and soft tissue of the right armpit where a deformed jacketed bullet was recovered with an overlying bruise. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces. The wound track was from left to right and upward when the body is viewed in the standard anatomical position.

Additional injuries included abrasions on the right forehead, left eyebrow, midline lower back and buttock cleft, right elbow, knuckle of the right fifth finger, back of the left forearm and

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AUTOPSY REPORT

Case Number: [redacted]

hand, and knees, and bruises on the back of the right elbow, and hands.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.161 g/100 mL as well as breakdown products of marijuana in the blood.

CAUSE OF DEATH: Gunshot wound to the left chest

MANNER: HOMICIDE

DATE: 12/20/2017

Leonardo Roquero, M.D.
Medical Examiner
LR/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 1, 2017
Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number 725552 along with the identification tag. The body was that of a normally developed and nourished, [redacted], female, appearing about the recorded age of [redacted] years. The body measured 72 inches in length and weighed 205 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of shirt, pants, bra, underwear and shoes. The head was normocephalic and the scalp hair was brown. The eyes had white sclerae, pale conjunctivae, and blue irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was rounded. The external genitalia were those of a normal adult female. There was a plastic bracelet around the right wrist.

EVIDENCE OF TREATMENT:
Endotracheal tube, tourniquet on the left arm and intravascular line in the back of the left hand were present.

EVIDENCE OF INJURY:

PERFORATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a 1.0 cm x 0.6 cm round through and through entrance gunshot wound on the right chest, 15-1/2 inches below the top of the head and 7-1/2 inches right of the anterior midline. There was marginal abrasion on the wound. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, anterior right chest wall soft tissue, right lung,

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AUTOPSY REPORT

Case Number: [redacted]

heart, left lung, posterior left seventh rib, and ended at an exit wound on the left back, 15-1/2 inch below the top of the head and 3-3/4 inches left of the posterior midline. The exit wound appeared irregular with laceration and 0.3 cm abrasion located at 6 to 12 o'clock position. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces of at least 40 mL of blood in the right pleural cavity and at least 45 mL of blood in the left pleural cavity. The wound track was from front to back and right to left when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries:

There was a ½ inch x 3/16 inch abrasion on the right knee. There was a ¾ inch x ¾ inch pink-pale green contusion on the anterior right leg. There was a ¼ inch x 1/16 inch abrasion on the left knee.

SPECIMEN RETAINED: None

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

FINAL DIAGNOSES

1. Perforating gunshot wound to the right chest
2. Abrasions on the right knee and left leg
3. Contusion on the right leg

OPINION:

It is my opinion that death was caused by gunshot wound to the right chest sustained during mass fatality incident.

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AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a through and through entrance gunshot wound on the right chest located on the upper outer quadrant of the right breast. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, anterior right chest wall soft tissue, right lung, heart, left lung, posterior left seventh rib, and ended at an exit wound on the left upper back. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces. The wound track was from front to back and right to left when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries included abrasions on the right knee and left leg, and contusion on the right leg.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.030 g/100mL.

CAUSE OF DEATH: Gunshot wound to the right chest

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner

LR/amu/ag

DATE: 12/20/2017

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Complex, Peforating Gunshot Wound of the Right Arm (see injury description).
2. Gunshot Wound of the Right Lateral Chest, Penetrating (see injury description).
3. Right Hemothorax, Chest.
4. Hemoperitoneum,, Abdominal Cavity.
5. Pale Internal Organs consistent with Acute Blood Loss.
6. Pulmonary Edema, Bilateral, Lungs.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted] year-old [redacted] female, [redacted] is GUNSHOT WOUND OF THE RIGHT ARM, RIGHT LATERAL CHEST.

MANNER OF DEATH: HOMICIDE.

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

DATE: Dec 20 2017

LS/kra/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 1, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1215 hours, October 4, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are brown boots, black socks, jean shorts, and pink underwear.

EXTERNAL EXAMINATION: The body is that of a normally developed White adult. Rigor mortis is absent. Lividity is present posteriorly. The head hair is light and long. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are light. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The anterior chest is unremarkable. The abdomen demonstrates striae. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and the toenails demonstrate decoration. The external genitalia are female and otherwise unremarkable. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF MEDICAL TREATMENT:

1. The right chest demonstrates needle thoracostomy.

2. The right lateral chest demonstrates surgical incision associated with a small bore thoracostomy tube.

3. The left chest demonstrates surgical incision associated with small bore thoracostomy tube.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; degenerative skeletal change is present; acute medical intervention is present.

1. Postmortem regional radiograph of the head is unremarkable.

2. Postmortem regional radiograph of the chest demonstrates opacification of the right lung field; the thoracic vertebral column demonstrates a convex right scoliosis without vertebral wedging; ballistically significant and insignificant bullet fragments are projected over the right lower chest.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrates ballistically significant and insignificant bullet fragments projected over the right hemi-abdomen.

4. Postmortem regional radiographs of the extremities demonstrates multiple soft tissue defects of the right arm associated with ballistically insignificant bullet fragments; the humerus, radius and ulna show no evidence of injury; the extremities are otherwise unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF GUNSHOT INJURY:

1. Located on the lateral aspect of the **right lower arm** is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension and a circumferential abrasion collar measuring up to 0.05 inch in dimension.

   The bullet courses through the skin and subcutaneous tissues of the lateral aspect of the right lower arm, courses through the anterior compartment of the right lower arm without causing bony injury and exits in the antecubital fossa; the exit wound measures 2 x 0.6 inch in dimension.

   The bullet re-enters the front surface of the distal right lower arm; the re-entry wound measures 1.8 x 1.1 inch in dimension. The bullet courses through the medial soft tissue compartment of the right upper arm without causing bony injury and re-exits on the medial aspect of the right lower arm; the re-exit wound measures 0.90 x 0.60 inch in dimension.

   The bullet then re-enters the body through the right lateral chest 15.8 inches from the top of the head in the anterior axillary line; the re-entry wound in the right lateral chest is atypical in appearance measuring 0.85 inch in dimension and is composed of a central hole measuring 0.4 inch in dimension associated with an irregular abrasion collar measuring up to 0.20 inch in dimension and satellite irregular and curvilinear abrasions.

   The bullet courses into the right hemidiaphragm through the lateral aspect of the 8th rib, courses through the liver and courses into the vertebral column at L1.

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AUTOPSY REPORT

Case Number: [redacted]

The thoracolumbar spinal canal is exposed via anterior approach; the membranous compartments of the thoracolumbar spinal canal and the thoracolumbar spinal cord are unremarkable.

A deformed small caliber jacketed hollow point bullet is recovered from the posterior elements of the 1st lumbar vertebra; additional jacket fragments are recovered from the parenchyma of the liver.

The right pleural cavity contains 200 ml of liquid blood; the right upper abdominal cavity contains 400 grams of clot and 100 ml of liquid blood.

The bullet courses through the right arm (as previously described) and re-enters the right lateral chest where it courses from front-to-back, right-to-left and downward. Examination of the wound of entrance on the right arm shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

2. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

3. The left knee demonstrates an irregular 1 inch abrasion associated with adjacent ecchymosis.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height: 71 inches
Weight: 175 pounds
Heart: 280 grams

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AUTOPSY REPORT

Case Number: [redacted]

Lungs:	800 grams
Liver:	1650 grams
Spleen:	100 grams
Kidneys:	210 grams
Brain:	1340 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

The prevertebral soft tissue and muscles of the cervical vertebral column show no evidence of antemortem hemorrhage. The anterior cervical vertebral column shows no evidence of hemorrhage, fracture or dislocation.

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AUTOPSY REPORT

Case Number: [redacted]

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate yellow streaking. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit no significant pathologic changes.

The valves of the heart are unremarkable. The ventricular chambers are unremarkable. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning the pulmonary parenchyma demonstrates generalized edema.

HEPATOBILIARY SYSTEM: Except for the findings previously described, the surface of the liver is unremarkable. On serial sectioning, except for the findings previously described, the hepatic parenchyma is unremarkable. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is 150 ml of gray-brown paste admixed with digesting food particles. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex his pale and has normal thickness. The calyces, pelves and ureters are unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

The uterus, fallopian tubes and ovaries are present and unremarkable. The endometrium is reduced in size.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The adrenal glands have a normal size and on serial sectioning are pale. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Small caliber deformed partial metal jacket hollow point bullet and jacket fragments recovered from the liver and thoracolumbar vertebral column to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem heart blood.
2. Postmortem chest blood.
3. Vitreous humor.
4. Liver tissue.
5. Bile.
6. Brain tissue.
7. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of head.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of head**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]year-old male, [redacted] died as a result of gunshot wound of head.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/28/17

JC/kra/ag

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

[redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2341 hours on October 1, 2017

Date of autopsy: 2310 hours on October 4, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number. There is a hospital band around the right wrist bearing the name [redacted]

WITNESSES: Assisting is Forensic Autopsy Specialist Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of socks and black underwear accompany the body.

EVIDENCE OF MEDICAL THERAPY:
1. Endotracheal tube.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] male appearing consistent with the listed age of [redacted] years. The length is 70 inches, and the weight is 205 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with brown and gray hair measuring up to 11 inches on the top of the head. There is a beard and mustache on the face. The ears are normally formed and without drainage. The earlobes are pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae free

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AUTOPSY REPORT

Case Number: [redacted]

of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is slightly protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and clean and do not extend beyond the fingertips.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and clean.

BODY MARKINGS (SCARS AND TATTOOS):
Scars: None identified.

Tattoos:
1. A monochromatic tattoo of a man on the right upper shoulder.
2. A monochromatic tattoo of the Tasmanian Devil on the left upper chest.

INJURIES, EXTERNAL AND INTERNAL

There is a perforating gunshot wound of the head. The directions are stated with reference to the standard anatomic positions.

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AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND OF THE HEAD:
ENTRANCE: There is an entrance gunshot wound on the right side of the forehead just above the right brow. It is centered 3-1/4 inches below the top of the head and 2-1/4 inches right of midline. It is a 1/8 inch diameter defect with drying of the wound edges. There is no soot or stippling on the adjacent skin.

PATH: The projectile enters through the right orbital plate, fracturing the base of the skull, and injuring the right frontal, parietal, and occipital lobes. A portion of the projectile exits the right side of the head fracturing the right temporal and parietal bones. There is marked subdural and subarachnoid hemorrhage.

EXIT: There is an exit gunshot wound on the right side of the head. It is centered 3 inches below the top of the head and 6-1/4 inches right of midline. It is a 3/16 x 1/16 inch lacerated defect without soot, stippling, or abrasion.

PROJECTILE/SITE OF LODGEMENT: Metallic fragments are recovered from the right occipital lobe.

DIRECTION: Front-to-back and slightly right-to-left.

INTERNAL EXAMINATION

HEAD: See Injuries External and Internal. The calvarium and base of the skull are normally configured with numerous fractures as described above. The dura is not intact and there is subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: See Injuries External and Internal. The unfixed brain weighs 1480 grams. The leptomeninges are glistening with underlying hemorrhage and contusions. The hemispheres are otherwise symmetrical with a normal gyral pattern.

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AUTOPSY REPORT

Case Number: [redacted]

The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres show a hemorrhagic wound track through the right cerebral hemisphere. Sectioning of the brainstem shows hemorrhage throughout the brainstem. Sectioning of the cerebellum shows subarachnoid hemorrhage.

SPECIMENS RETAINED

TOXICOLOGY: Samples of central blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.141 g/100mL).

HISTOLOGY: Representative sections of the brain are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs and photographs of the gunshot wound and projectile fragments are taken.

RADIOGRAPHS: Full body radiographs are taken and show metallic fragments in the head and multiple skull fractures.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Left Low Back [Flank], Penetrating (see injury description).
2. Retroperitoneal Hemorrhage.
3. Pale Internal Organs consistent with Acute Blood Loss.
4. Status Post Emergency Laparotomy associated with Multifocal Surgical Intervention of the Abdominal Organs (see injury description).
5. Dilated Cardiomyopathy, Heart.
6. Cardiomegaly (615 grams), Heart.
7. Coronary Atherosclerosis, Moderate, Heart.
8. Pulmonary Edema, Bilateral, Lungs.
9. Aortic Atherosclerosis, Vascular System.
10. Nephrosclerosis, Bilateral, Kidneys.
11. Benign Cortical Hyperplasia, Bilateral, Adrenal Glands.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]year-old [redacted] male, [redacted] is GUNSHOT WOUND OF THE LEFT LOW BACK.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 20 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

LS/kra/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1520 hours, October 4, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are a pair of dark shoes.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly. The head hair is dark. Mustache is present. The scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and some of the toenails demonstrate pachyonychia and dyschromia. The external genitalia are male. The back and buttocks show no evidence of natural disease.

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CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF MEDICAL TREATMENT:

1. An endotracheal tube is present.
2. An intravenous catheter is present in the right lateral neck.
3. Needle punctures present in the left antecubital fossa.
4. An arterial line is present at the left wrist.
5. The abdomen demonstrates a longitudinal sutured incision.
6. The back of the right hand demonstrates needle puncture.
7. The left clavicular area demonstrates several needle punctures.
8. The front of the right lower leg demonstrates a needle puncture.
9. The left upper arm demonstrates a needle puncture.
10. The front of the left lower leg demonstrates a needle puncture.
11. A nasogastric tube is present.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; acute medical intervention is present; degenerative skeletal change is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

2. Postmortem regional radiograph of the chest demonstrates haziness of the lung fields bilaterally; Cardiomegaly is present.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrate ballistically insignificant bullet fragments scattered across the abdomen.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **left low back** (flank) 20.2 inches from the top of the head and 8.5 inches to the left of the midline is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of an eccentric hole measuring 0.12 inch in dimension associated with eccentric abrasion collar measuring up to 0.08 inch in dimension.

   The bullet courses through the skin and subcutaneous tissue of the left low back [flank] and enters the left abdominal cavity.

   The splenic flexure of the colon demonstrates perforation; the left kidney demonstrates pulpifaction; the left adrenal gland demonstrates laceration; surgical intervention is present in the aorta, inferior vena cava, and the left lobe of the liver.

   The retroperitoneal compartment demonstrates a diffuse hemorrhage.

   Ballistically insignificant deformed lead fragments are recovered from the soft tissues of the abdomen.

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AUTOPSY REPORT

Case Number: [redacted]

The omentum demonstrates diffuse hemorrhage; surgical intervention is present in the stomach.

The abdominal cavity contains 100 ml of liquid blood and 50 grams of clot.

An exit wound is not confidently identified; however, the bullet fragments in the body do not constitute a whole bullet suggesting bullet and/or bullet fragments were recovered during emergent surgical intervention.

The bullet courses from back-to-front and left-to-right directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The lower back in the midline demonstrates a longitudinal curvilinear dermal scar. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

2. The forehead demonstrates several irregular and curvilinear abrasions measuring up to 0.35 inch in dimension.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	68 inches
Weight:	243 pounds
Heart:	615 grams
Lungs:	1800 grams
Liver:	1900 grams
Spleen:	140 grams
Kidneys:	440 grams
Brain:	1410 grams

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AUTOPSY REPORT

Case Number: [redacted]

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue demonstrates scattered hemorrhages. The surfaces of the epiglottis are unremarkable.

The suprahyoid and infrahyoid (strap) muscles of the neck demonstrate broad areas of hemorrhage, but are otherwise unremarkable.

The hyoid bone is dissected. The synchondroses are fused and intact. The greater horns of the hyoid bone show no evidence of fracture.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture.

The prevertebral soft tissues and muscles of the cervical vertebral column demonstrate broad areas of hemorrhage. The anterior cervical vertebral column shows no evidence of injury.

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate patchy atherosclerosis. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit patchy calcific concentric and eccentric atherosclerosis with focal narrowing up to 40%.

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AUTOPSY REPORT

Case Number: [redacted]

The valves of the heart are unremarkable. The ventricular chambers are dilated. The left ventricular wall thickness ranges from 1.6 to 1.8 cm. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning the pulmonary parenchyma demonstrates generalized edema and is pale.

HEPATOBILIARY SYSTEM: Except for the findings previously described, the surfaces of the liver and the liver parenchyma are unremarkable. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is a few milliliters of brown fluid. Except for the findings previously described, the stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces of the right kidney are granular and the remaining intact surfaces of left kidney are granular. Serial sectioning of the right kidney demonstrates a pale cortex with a normal thickness; the calyces, pelvis and ureter are unremarkable. The collecting system of the left kidney is unremarkable.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The right adrenal gland is enlarged and demonstrates benign diffuse nodular cortical hyperplasia. The rest of the endocrine system shows no identifiable abnormalities.

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AUTOPSY REPORT

Case Number: [redacted]

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed lead fragments recovered from the soft tissues of the abdomen to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Vitreous humor.
3. Liver tissue.
4. Bile.
5. Brain tissue.
6. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of back.
II. Status post resuscitative efforts.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of back**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]year-old female, [redacted] died as a result of gunshot wound of back.

MANNER OF DEATH: HOMICIDE.

Date signed: 12/20/17

JENNIFER CORNEAL, M.D.
Forensic Pathologist

JC/kra/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0645 hours on October 2, 2017

Date of autopsy: 2145 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. No clothing accompanies the body.

EVIDENCE OF MEDICAL THERAPY:
1. Triple lumen intravascular catheter in the subclavian area.
2. Bilateral chest tubes.
3. 15 x 1/16 inch stapled incision across the midchest.
4. A 12 inch long open abdominal incision with wound V.A.C. placement.
5. Urinary catheter with less than 5 ml of urine in the reservoir.
6. Single lumen intravascular catheters in the groin area bilaterally.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] female appearing consistent with the listed age of [redacted] years. The length is 68 inches, and the weight is 161 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with brown hair measuring up to 13 inches on the top of the head. The ears are normally formed and

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AUTOPSY REPORT

Case Number: [redacted]

without drainage. The earlobes are pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae are free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is received with open wound V.A.C. covering.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No track marks or ventral wrist scars are noted. The fingernails are cut short and clean and painted pink.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and painted pink.

BODY MARKINGS (SCARS AND TATTOOS):
Scars: None identified.

Tattoos:
1. A monochromatic tattoo of a heart on the left lower abdomen.
2. Multiple butterflies on the right back.

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AUTOPSY REPORT

Case Number: [redacted]

INJURIES, EXTERNAL AND INTERNAL

There is a penetrating gunshot wound of the back. The directions are stated with reference to the standard anatomic positions.

PENETRATING GUNSHOT WOUND OF BACK:

ENTRANCE: There is an entrance gunshot wound on the left mid-back. It is centered 19-1/2 inches below the top of the head and 1-3/4 inches left of midline. It is a 1/8 inch diameter circular defect with a 1/16 inch rim of abrasion. No soot or stippling is identified.

PATH: The projectile enters the mid left back, perforates the spine at the level of T10-T11, injures the spinal cord and comes to rest in the right chest cavity. There is associated residual hemothorax on the right. The lower lobe of the right lung has been resected.

PROJECTILE/SITE OF LODGEMENT: A metallic projectile is recovered from the right chest cavity underlying the right lung.

DIRECTION: Back-to-front, left-to-right and without significant up/down deviation.

OTHER INJURIES:

There are anterior rib fractures associated with cardiopulmonary resuscitative efforts.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 2.5 cm in thickness. There is a residual right hemothorax as described above. Numerous surgical towels are removed from the right thoracic cavity and the right side of the abdomen. There is gauze within a defect in the thoracic spine. The organs are normally

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AUTOPSY REPORT

Case Number: [redacted]

located with the exception of a partial resection of the lower lobe of the right lung.

CARDIOVASCULAR SYSTEM: The heart weighs 240 grams and is not enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. The coronary arteries have less than 10% yellow atherosclerotic stenosis.

The myocardium is red-brown, firm, and uniform without focal fibrosis, softening, or hyperemia. The ventricles are not dilated or hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.3 cm, 0.9 cm, and 1.0 cm, respectively.

The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta follows its usual course and has minimal atherosclerotic changes in the aorta. There are no vascular anomalies or aneurysms. The vena cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: See Injuries External and Internal. The right and left lungs weigh 580 and 850 grams, respectively, and have the usual lobation. The pleura are smooth and glistening with surgical staple lines along the lower lobe of the right lung. The lungs have minimal anthracotic pigment. The left lung is congested and edematous. The right lung is well expanded and crepitant. The parenchyma is dark red and exudes moderate amounts of fluid. The lungs have no consolidation, hemorrhage, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain no foreign material and have tan-pink mucosa.

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AUTOPSY REPORT

Case Number: [redacted]

HEPATOBILIARY SYSTEM: The liver weighs 1100 grams. The intact capsule is smooth and glistening. The parenchyma is red-brown and uniform without mass, hemorrhage, yellow discoloration, or palpable fibrosis.

The gallbladder contains an estimated 5 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is yellow, firm and uniform.

HEMOLYMPHATIC SYSTEM: The spleen weighs 100 grams. The capsule is smooth and intact. The parenchyma is maroon, firm, and uniform.

There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 100 ml of food material without visible pills or pill residue. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 120 and 130 grams, respectively, and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains no

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AUTOPSY REPORT

Case Number: [redacted]

urine. The mucosa is intact, and the bladder wall is not hypertrophied.

The uterus, tubes, and ovaries are unremarkable. The cervix is patent with a circular os. The myometrium is uniform and the endometrium is unremarkable. The sectioned ovaries are unremarkable. The vagina is unremarkable. A birth control device is identified in the vagina.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. The ribs are not brittle. The skeletal muscle is dark red and firm.

HEAD: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1470 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions.

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AUTOPSY REPORT

Case Number: [redacted]

SPECIMENS RETAINED

TOXICOLOGY: Samples of chest blood are retained for toxicology. Toxicological testing detected fentanyl (0.42 ng/mL).

HISTOLOGY: Representative sections of organs and tissues are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of injuries and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show numerous medical devices in place and a metallic fragment in the right chest area.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Multiple Gunshot Wounds of the Back (see injury description).
2. Hemothorax, Bilateral, Chest.
3. Pale Internal Organs consistent with Acute Blood Loss.
4. Pulmonary Edema, Bilateral, Lungs.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]year-old [redacted] female, [redacted] is MULTIPLE GUNSHOT WOUNDS OF THE BACK.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 20 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

LS/kra/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 1, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1750 hours, October 3, 2017.

CLOTHING: The body is received unclothed. A paper identification bracelet is present on the right wrist; accompanying the body are boots, blue jacket, patterned underwear, blue top, and jean pants.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly. The head hair is light and long. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and the toenails demonstrate decoration. The external genitalia are female and otherwise unremarkable. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF TATTOOS:

COMMENT: Multiple tattoos are present, some of which are as follows:

1. A leaf located on the right lateral abdomen.

2. A leaf located on the volar surface of the left lower arm.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; degenerative skeletal change is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

2. Postmortem regional radiograph of the chest demonstrates opacification of the right lung field associated with pneumothorax; a right-to-left mediastinal shift is present; a deformed small caliber bullet is projected over the right lung field.

3. Postmortem regional radiographs of the abdomen and pelvis detect multiple ballistically significant and insignificant bullet and jacket fragments projected over the lower thoracic vertebral column at the T11-T12 area.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **left lower back** in close proximity to each other are two gunshot wounds of entrance: the superior gunshot wound is located 21.1 inches from the top of the head and 2.6 inches to the left of midline and

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AUTOPSY REPORT

Case Number: [redacted]

measures 0.18 inch in dimension associated with a central hole measuring 0.08 in dimension and a circumferential abrasion collar measuring up to 0.05 inch in dimension and the inferior wound is located 22.1 inches from the top of the head and 2.8 inches to the left of midline and measures 0.22 inch in overall dimension associated with a central hole measuring 0.12 inch in dimension and a circumferential abrasion collar measuring up to 0.05 inch in dimension.

The two bullets course in close proximity through the skin and subcutaneous tissues of the left lower back and course directly into the posterior elements of the thoracic vertebral column at the T11-T12 area resulting in multiple fractures.

The thoracic spinal canal is exposed via anterior approach and the membranous compartments demonstrate epidural, subdural and subarachnoid hemorrhage; serial sectioning of the thoracic spinal cord demonstrates a broad area of central hemorrhage.

Jacket and lead fragments are recovered from the thoracic vertebral column.

Only the superior bullet exits from the right lateral aspect of the thoracic vertebral column at the T11-T12 area and courses upward through the lower lobe and upper lobe of the right lung and a deformed small caliber red bullet with small jacket fragment are recovered from the right pleural cavity.

The right pleural cavity contains 2200 ml of liquid blood and 150 grams of clot; the left pleural cavity contains 200 ml of liquid blood.

The right hemidiaphragm demonstrates contusion and the lower lobe of the right lung demonstrates contusion.

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AUTOPSY REPORT

Case Number: [redacted]

The two bullets course in close proximity from back-to-front, left-to-right and upward. Examination of both wounds of entrance show no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

2. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

3. The right elbow demonstrates an irregular 0.8 inch abrasion.

4. The front of the right lower leg demonstrates a curvilinear ecchymosis.

5. The left hip and left lateral abdomen demonstrate several irregular ecchymoses.

6. The base of the left thumb demonstrates a punctate abrasion.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	68 inches
Weight:	176 pounds
Heart:	305 grams
Lungs:	800 grams
Liver:	1700 grams
Spleen:	110 grams
Kidneys:	230 grams
Brain:	1330 grams

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AUTOPSY REPORT

Case Number: [redacted]

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

The prevertebral soft tissue and muscles of the cervical vertebral column show no evidence of antemortem hemorrhage. The anterior cervical vertebral column shows no evidence of hemorrhage, fracture or dislocation.

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate yellow streaking. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit no significant pathologic changes.

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CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

The valves of the heart are unremarkable. The ventricular chambers are unremarkable. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning, in addition to the findings previously described, the pulmonary parenchyma demonstrates generalized edema.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a pale tan-yellow color and a firm consistency. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is a few milliliters of brown fluid. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex has a normal thickness and is pale. The calyces, pelves and ureters are unremarkable.

The uterus, fallopian tubes and ovaries are present and unremarkable. The endometrium is thin.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The adrenal glands have a normal size and on serial sectioning are pale. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial

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AUTOPSY REPORT

Case Number: [redacted]

cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed small caliber lead bullet recovered from the right pleural cavity to custody of Las Vegas Metropolitan Police Department.

2. Small caliber jacket fragments recovered from the thoracic vertebral column to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Vitreous humor.
3. Urine.
4. Liver tissue.
5. Bile.
6. Brain tissue.
7. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2246 hours on October 1, 2017.

Date of examination: 0315 hours on October 4, 2017.

REASON FOR CORONER JURISDICTION: Apparent homicide by gunshot wound(s). Mass Fatality Event; Las Vegas Metropolitan Police Department (LVMPD) Event # 171001-3519.

IDENTIFICATION: The decedent was placed into a body bag and sealed with coroner seal #[redacted]. The decedent was subsequently transported to the CCOCME for further examination. The body is identified by a Medical Examiner's identification toe tag on the right great toe bearing the decedent's name and case number.

WITNESSES: LVMPD Homicide Detective J. Grimmett and LVMPD Crime Scene Analyst personnel.

CLOTHING: The body is clad in gray T-shirt, jeans shorts, and gray underwear when presented for autopsy.

EXTERNAL EXAMINATION

The body is that of a normally developed and well-nourished [redacted] female appearing consistent with the listed age of [redacted] years. The length is 72 inches, and the weight is 182 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, non-blanching on the back.

The head is normocephalic and the scalp is covered with brown hair measuring up to 18 inches on the top of the head. The ears are normally formed and without drainage. The earlobes are pierced. The irides are hazel, the corneas are clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white.

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AUTOPSY REPORT

Case Number: [redacted]

The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition. The neck is without injuries or deformities.

The chest is normally formed, symmetrical, and without palpable masses or deformity. The breasts are symmetrical, and without palpable masses. The abdomen is flat and soft. No masses are palpable. The atraumatic external genitalia are those of an adult female. The back is straight and symmetrical with gunshot wound is noted on the left upper back. No defects/deformity noted.

The upper extremities are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are unremarkable, painted glitter copper. The lower extremities are normally formed and have no edema, amputations, or deformity. The toenails are unremarkable and painted red.

BODY MARKINGS (SCARS AND TATTOOS): A tattoo is noted on the medial surface of the left foot. A well-healed surgical scar is noted on the right lower abdominal quadrant.

EVIDENCE OF INJURY

GUNSHOT WOUND OF THE BACK:

ENTRANCE WOUND: On left upper back. The wound is small and measures 1/8 inch with a symmetric abrasion rim measuring 1/16 inch in width. The wound is centered 16 inches from the top of the head and 7 inches left of the posterior midline. No soot or stippling is noted.

EXIT: No exit wound seen.

PROJECTILE: A deformed jacketed projectile is recovered from the subcutaneous tissue of the right breast, 18 inches from the top of the head, 6 inches right of the anterior midline, and 1 inch inferior and 2 inches left of the nipple; photographed and retained as evidence.

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AUTOPSY REPORT

Case Number: [redacted]

INJURIES: Injuries to the lungs and heart with associated bilateral hemothorax and hemopericardium are expected in gunshot wound with similar trajectory.

TRAJECTORY: Left-to-right, back-to-front and downward.

SPECIMENS RETAINED

TOXICOLOGY: Samples of subclavian and chest blood, and vitreous humor are retained for toxicology. Toxicology testing is positive for alcohol (ethanol) 147 mg/dL (0.147%) and negative for illicit drugs of abuse.

HISTOLOGY: No histology submitted.

PHOTOGRAPHS: Digital identification photographs are obtained. Selected photographs are obtained during autopsy for documentation.

RADIOGRAPHS: Routine radiographs obtained and revealed radio-dense projectile in the right chest and no non-traumatic abnormalities.

OPINION

Per LVMPD preliminary reports, on 10/01/2017, concertgoers were attending an outdoor music festival. At approximately 2208 hours, numerous rapid fire gunshots were heard and numerous individuals were struck with gunshots. It was determined that an individual (reference CCOCME case #17-10064) had opened fire from the 32nd floor of the Mandalay Bay Hotel and Casino across the street from the festival. Victims fled the scene and numerous victims were transported to local hospitals. First responders later located the single suspect who was killed in a believed suicide.

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AUTOPSY REPORT

Case Number: [redacted]

External examination revealed a normally developed and well-nourished Caucasian female with a penetrating gunshot wound of the back. The entrance wound was noted on the left back, and no exit wound noted. The projectile was recovered from under the skin of the right breast, with left-to-right, back-to-front, and downward trajectory. Injuries to the heart and lungs with associated hemopericardium and bilateral hemothorax were noted. A deformed projectile recovered from the right breast and retained as evidence.

Toxicology testing was positive for alcohol 0.14% and negative for illicit drugs of abuse.

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is gunshot wound of the back, and the manner of death is Homicide.

CAUSE OF DEATH: GUNSHOT WOUND OF THE BACK

MANNER OF DEATH: HOMICIDE

AbuBakr Marzouk, M.D.
Forensic Pathologist
AM/kra

Date signed: 12/20/2017

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

The examination commences at 0055 on 4 October 2017.

IDENTIFICATION

At the time of autopsy, the body is identified by a Clark County Office of the Coroner/Medical Examiner "toe tag" inscribed with case [redacted] and the name [redacted]

CLOTHING

At the time of autopsy, the body is received with a black bra (cut), black shirt (cut), and black dress (cut with 1/8 inch defect consistent with the entrance wound, see "Evidence of Injury").

X-RAYS

Postmortem radiographs are obtained and the findings are incorporated in "Evidence of Injury." Multiple minute radio-opaque fragments are identified in the right chest, but are too small to be recovered.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished obese female. The body measures 68 inches in length, weighs 252 pounds, and appears compatible with the reported age. Injuries are described in the section "Evidence of Injury" and medical therapy is described in the section "Evidence of Medical/Surgical Intervention." The body is cold. Rigor is present and resolving. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

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AUTOPSY REPORT

Case Number: [redacted]

HEAD: The head is normocephalic, and the scalp hair is black and up to 4 inches in length. **EARS:** The ears are normally formed and set. The external auditory canals are clear, and both earlobes are pierced. **EYES:** The irides appear blue. The corneae are clear. The conjunctivae are pale and without petechiae. The sclerae are white and without petechiae. **NOSE:** The nasal skeleton and maxilla are palpably intact. **MOUTH:** The lips are atraumatic. The teeth are natural and in good condition. **NECK:** Examination of the neck reveals no evidence of injury and the larynx and trachea are midline.

CHEST AND BACK: See "Evidence of Injury." **ABDOMEN:** The abdomen is protuberant with striae. **GENITALIA:** The external genitalia are those of an adult female. **ANUS AND PERINEUM:** The anus and perineum are unremarkable.

EXTREMITIES: The extremities show no evidence of fractures, lacerations, or deformities. The fingernails are intact. The fingers have been previously fingerprinted. The toenails are painted.

EVIDENCE OF MEDICAL/SURGICAL INTERVENTION

An intravascular catheter is in the right antecubital fossa. Needlestick marks with surrounding contusions are on the left forearm and left wrist.

IDENTIFYING MARKS, SCARS AND TATTOOS

Tattoos are on the left upper chest, right arm, left arm, left forearm, left wrist, and posterior aspect of the left ankle. No significant scars are identified.

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AUTOPSY REPORT

Case Number: [redacted]

EVIDENCE OF INJURY

On the right side of the chest, centered 10 3/4 inches below the top of the head and 3 inches right of the anterior midline, is a 1/8 x 1/8 inch entrance gunshot wound with a partially circumferential marginal abrasion measuring up to 1/8 inch width extending along the 6-9 o'clock margin of the entrance wound. There is no soot or gunpowder stippling on the skin surrounding the entrance wound. The bullet injures the skin and soft tissue of the right side of the chest and the vital structures of the chest. On the right side of the back, centered 12 1/2 inches below the top of the head and 1 inch right of the posterior midline is a 1/2 x 3/8 inch contusion. Excision of the contusion reveals hemorrhagic soft tissue and a deformed jacketed bullet approximately 1/2 inches deep within the soft tissue (photographed for documentation and retained as evidence). The trajectory of the wound path is front to back right to left, and downward. Associated injuries include hemorrhage along the wound path.

A 4 x 3 inch abrasion is on the midline of the lower back. A 1 x 3/4 inch abrasion is on the left elbow.

SPECIMENS: Specimens retained for toxicology testing and/or DNA identification include peripheral blood and vitreous fluid.

EVIDENCE: A deformed jacketed bullet is recovered from the soft tissue of the right side of the back.

FINAL PATHOLOGIC FINDINGS

I. **Gunshot wound of the chest:**
   - A. Entrance: right side of the chest; no evidence of close range discharge of a firearm
   - B. Injured: skin, soft tissue, and vital structures of the chest
   - C. Exit: none

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AUTOPSY REPORT

Case Number: [redacted]

D. Recovered: a deformed jacketed bullet is recovered from the soft tissue of the right side of the back
E. Trajectory: front to back, right to left, and downward
F. Associated injuries: hemorrhage along the wound path

II. Additional injuries: abrasions of the lower back and left elbow

III. Toxicology: peripheral blood positive for ethanol (93 mg/dL)

OPINION

CAUSE OF DEATH: This [redacted] year-old female, [redacted], died of a gunshot wound to the chest. She was shot during a mass fatality event at a concert venue. The bullet caused severe bleeding by injuring the vital structures of the chest and mediastinum.

MANNER OF DEATH: HOMICIDE

Date: 20Dec2017

Paul S. Uribe, M.D.
Pathologist
PSU/amu

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Head, Perforating (see injury description).

OPINION

CAUSE OF DEATH: The cause of death of this [redacted] female, [redacted] is GUNSHOT WOUND OF THE HEAD.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 20 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

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The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 1, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1130 hours, October 4, 2017.

CLOTHING: The body is received unclothed; a paper identification bracelet is present on the right wrist; accompanying the body are black boots, light-colored top, dark bottoms, red underwear, and red bra.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly. The head hair is dark and long. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and the toenails demonstrate decoration. The external genitalia are female and otherwise unremarkable. The back and buttocks show no evidence of natural disease.

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(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; acute medical intervention is present.

1. Postmortem regional radiographs of the head and neck demonstrate multiple skull fractures associated with pneumocranium and multiple ballistically significant and insignificant bullet fragments scattered across the cranial cavity.

2. Postmortem regional radiograph of the chest is unremarkable.

3. Postmortem regional radiographs of the abdomen and pelvis are unremarkable.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **vertex of the head** 2.20 inches to the left of the midline is a gunshot wound of entrance measuring 0.23 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension associated with a circumferential abrasion collar measuring up to 0.05 inch in dimension; a satellite punctate perforation is present.

   The bullet courses through the skin and subcutaneous tissues of the vertex of the head and enters the cranial cavity through the left frontoparietal skull which demonstrates beveling of the endocranial surface and focal beveling of the ectocranial surface; the bullet courses through the left cerebral hemisphere, crosses the midline, courses through the right cerebral hemisphere and

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AUTOPSY REPORT

Case Number: [redacted]

exits from the cranial cavity through the right temporal skull which demonstrates beveling of the ectocranial surface.

The calvaria demonstrate multiple fractures that extend into the basilar skull on the right side; the membranous compartments of the cranial cavity demonstrate broad areas of subarachnoid and subdural hemorrhage; the surfaces of the brain, especially the basilar surfaces, demonstrate scattered contusions; the parenchyma of the brain demonstrates multiple bone fragments acting as secondary missiles.

Multiple deformed lead and jacket fragments are recovered from the right side of the brain.

The bullet exits from the head through the scalp of the right temporal area 3.6 inches from the top of the head, 1.8 inches above the right external auditory canal and 1.7 inches in front of the right external auditory canal; the exit wound is irregular in shape and measures 0.35 x 0.30 inch in dimension.

The bullet courses from back-to-front, left-to-right and downward directly. Examination of the wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The periorbital soft tissue demonstrates ecchymosis and edema bilaterally.

2. The right ear demonstrates otorrhagia.

3. Epistaxis is present.

4. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

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AUTOPSY REPORT

Case Number: [redacted]

5. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height: 69 inches
Weight: 144 pounds
Brain: 1380 grams

CENTRAL NERVOUS SYSTEM: Except for the findings previously described, the scalp, subscalp soft tissue and calvaria are unremarkable. On entering the cranial cavity, except for the findings previously described, the membranous, leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning of the brain, the ventricular system demonstrates diffuse hemorrhage; the brain reveals no additional abnormal findings.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Multiple deformed lead and jacket fragments are recovered from the right side of the brain to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem heart blood.
2. Postmortem peripheral blood (femoral vein).
3. Vitreous humor.
4. Urine.
5. Brain tissue.
6. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of back.

CAUSE OF DEATH: This [redacted]year-old female, [redacted] died of gunshot wound of back.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/rg/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2230 hours on October 1, 2017

Date of autopsy: 2245 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of black shorts, a blue tank top, tan bra and tan underwear accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] female appearing consistent with the listed age of 31 years. The length is 73 inches, and the weight is 291 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with blonde hair measuring up to 9 inches on the top of the head. The ears are normally formed and without drainage. The earlobes are pierced. The irides are brown, the corneas opaque, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is slightly protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and painted blue.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and painted white.

BODY MARKINGS (SCARS AND TATTOOS):
Scars: None identified.

Tattoos:
1. A temporary gold and pink tattoo around the right wrist.

INJURIES, EXTERNAL AND INTERNAL

There is a penetrating gunshot wound of the back. Directions are stated with reference to standard anatomic position.

PENETRATING GUNSHOT WOUND OF BACK:
ENTRANCE: There is an entrance gunshot wound on the left upper back. It is centered 15 inches below the top of the head and 9-1/4

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AUTOPSY REPORT

Case Number: [redacted]

inches left of midline. It is a 3/16 x 1/8 inch defect with a 1/16 inch rim of abrasion. No soot or stippling is noted on the adjacent skin.

PATH: The projectile enters the left upper back through the left seventh intercostal space posteriorly, fracturing the eighth rib, perforating the lower lobe of the left lung and entering the vertebral column in the disc space between thoracic 8 and 9 (T8-9) vertebrae. There is no injury to the spinal cord. There is 1500 ml of left hemothorax.

PROJECTILE/SITE OF LODGEMENT: A fully jacketed projectile is recovered from the disc space between T8 and T9.

DIRECTION: Front-to-back, left-to-right and slightly downward.

OTHER INJURIES:

There are numerous large blue contusions on the right arm and a purple/pink contusion on the right upper arm. There is a 1/2 x 1/4 inch red abrasion on the right elbow. There is a 1 x 1 inch blue contusion of the left shin.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 6.0 cm in thickness. There is a left hemothorax as described above. The serosal surfaces are smooth, glistening, and without adhesions. The organs are normally located. The diaphragm is intact.

CARDIOVASCULAR SYSTEM: The heart weighs 320 grams and is not enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with left dominance. The coronary arteries are less than 10% yellow atherosclerotic stenosis.

The myocardium is red-brown, firm, and uniform without focal fibrosis, softening, or hyperemia. The ventricles are not dilated

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CLARK COUNTY NEVADA MEDICAL EXAMINER CORONER

AUTOPSY REPORT

Case Number: [redacted]

or hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.3 cm, 1.0 cm, and 0.9 cm, respectively.

The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta follows its usual course and has no atherosclerotic changes. There are no vascular anomalies or aneurysms. The vena cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: See injuries external and internal. The right and left lungs weigh 450 and 210 grams, respectively, and have the usual lobation. The pleura are smooth and glistening with focal defect in the lower lobe of the left lung; the lungs have no anthracotic pigment. The lungs are well expanded and crepitant. The parenchyma is dark red and exudes moderate amounts of fluid. The lungs have no consolidation, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain no foreign material and have tan-pink mucosa.

HEPATOBILIARY SYSTEM: The liver weighs 1790 grams. The intact capsule is smooth and glistening. The parenchyma is red-brown and uniform without mass, hemorrhage, yellow discoloration, or palpable fibrosis.

The gallbladder contains less than 5 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

HEMOLYMPHATIC SYSTEM: The spleen weighs 210 grams. The capsule is smooth and intact. The parenchyma is maroon, firm, and uniform.

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There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 250 ml of food and fluid without visible pills or pill residue. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 110 and 130 grams, respectively, and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains no urine.

The uterus, tubes, and ovaries are of expected size and have smooth serosal surfaces. The cervix is patent with a circular os. The myometrium is uniform and the endometrium is normal. The sectioned ovaries are unremarkable. The vagina is unremarkable.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. There are no fractures of the

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clavicles, sternum, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm.

HEAD: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1410 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions.

SPECIMENS RETAINED

TOXICOLOGY: Samples of peripheral blood, vitreous humor, and liver are retained for toxicology. Toxicological testing detected ethanol (0.067 g/100mL).

HISTOLOGY: Representative sections of organs and tissues are retained.

PHOTOGRAPHS: Digital identification photographs and overall external body photographs, and photographs of the gunshot wound and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show a projectile in the area of the mid chest.

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of pronounced death is October 1, 2017. The examination is performed by Lary Simms, DO, MPH, Medical Examiner, at 1715 hours, October 4, 2017.

CLOTHING: The body is received unclothed; a paper ID bracelet is present in the left wrist; accompanying the body is an American flag bandana, tan shorts, purple bra, dark top, gray underwear, green top, and brown belt.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult measuring 66 inches in length and weighing 131 pounds. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly. The head hair is dark and long. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. The arms and hands show no evidence of acute injury and fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length. The toenails demonstrate decoration. The external genitalia are female and otherwise unremarkable. The back and buttocks show no evidence of natural disease.

INVENTORY OF TATTOOS:

COMMENT: Multiple tattoos are present, some of which are as follows:

1. Paw prints located on the right lower abdomen.

2. Flowers located in the right back.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

2. Postmortem regional radiograph of the chest demonstrates opacification of the left lung field associated with left-to-right mediastinal shift; the soft tissues of the chest demonstrates broad ares of air, greater on the left side; ballistically insignificant bullet fragments are projected over the left upper chest; the posterolateral left 4th rib demonstrates fracture.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrate an intrauterine device [IUD] but are otherwise unremarkable.

4. Postmortem regional radiographs of the extremities demonstrate fracture of the left scapula; soft tissue air is present in the left upper arm.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **left upper chest** 10.1 inches from the top of the head and 2.3 inches to the left of midline immediately superior to the left clavicle is a gunshot wound of entrance measuring 0.28 x 0.22 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension and an eccentric abrasion collar measuring up to 0.12 inch in thickness.

   The bullet courses through the skin and subcutaneous tissues of the left upper chest and through the upper portion of the left pleural cavity and into the left

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AUTOPSY REPORT

Case Number: [redacted]

shoulder and exits on the back of the left shoulder 8.5 inches from the top of the head and 7.1 inches to the left of midline. The exit wound is irregular in shape measuring 0.35 x 0.30 inch in dimension.

Percutaneous thoracentesis of the left pleural cavity demonstrates gross blood.

The bullet courses from front-to-back, left-to-right and upward. Examination of wound of entrance shows no evidence of close-range firing.

FLUIDS AND TISSUES SUBMITTED:

1. Chest blood.
2. Vitreous humor.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old [redacted] female, [redacted], is GUNSHOT WOUND OF THE LEFT UPPER CHEST.

MANNER OF DEATH: HOMICIDE.

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)
LS/kra/amu

DATE: Dec 20 2017

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of leg.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of leg**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]year-old female, [redacted], died as a result of gunshot wound of leg.

MANNER OF DEATH: **HOMICIDE.**

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2318 hours on October 1, 2017

Date of examination: 2335 hours on October 4, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of blue jean shorts, two tank tops, a bra, and underwear accompany the body.

EVIDENCE OF MEDICAL THERAPY:
1. Single lumen intravascular catheters in the antecubital fossae.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, well-nourished female appearing consistent with the listed age of [redacted] years. The length is 67 inches, and the weight is 166 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with black hair measuring up to 24 inches on the top of the head. The ears are normally formed and without drainage. No piercings are apparent. The irides are brown, the corneas are opaque, and the bulbar and palpebral conjunctivae are free of petechiae. The sclerae are white. The nose is intact, and the nares are unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No track marks or ventral wrist scars are noted. The fingernails are cut short and painted pink.

LEGS: The legs are normally formed and without edema, amputation, or deformity. The toenails are short, trimmed and painted pink.

BODY MARKINGS (SCARS AND TATTOOS):
Scars:
1. A 6 x 1/16 inch scar on the mid-back.
2. Two 1/2 x 1/16 inch scars on the posterior aspect of the right hand.

Tattoos:
1. A monochromatic tattoo of "JUST BREATHE" on the right side.
2. A monochromatic tattoo of "MARCUS CHRISTOPHER" on the left side.

EXTERNAL EVIDENCE OF INJURY

PERFORATING GUNSHOT WOUND OF THE LEG:

ENTRANCE: There is an entrance gunshot wound on the lateral right leg at the level of the knee. It is centered 16-1/2 inches above the heel and 2-1/4 inches right of midline. It is a 1/8 inch

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AUTOPSY REPORT

Case Number: [redacted]

defect with a 1/16 inch rim of abrasion. No soot or stippling is identified to the adjacent skin.

EXIT: There is an exit gunshot wound on the posterior aspect of the right leg. It is centered 17 inches above the heel and 1/2 inch left of midline. It is a 1/4 x 1/16 inch lacerated defect. A tourniquet is received with the body.

DIRECTION: Right-to-left, front-to-back, and slightly upward.

OTHER INJURIES:

There are scattered abrasions on the knees. There is a 2 x 2 inch purple contusion on the right cheek and a 1 x 1/4 inch abraded contusion on the right brow area. There is right-sided subgaleal hemorrhage with hemorrhage into the right temporalis muscle. There is no internal head trauma. There are contusions of the left upper and right upper arms posteriorly. Examination of the tissues of the back shows no hemorrhage.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 4.2 cm in thickness. The body cavities have no hemorrhage or abnormal fluid. The serosal surfaces are smooth, glistening, and without adhesions. The organs are normally located. The diaphragm is intact.

CARDIOVASCULAR SYSTEM: The heart weighs 300 grams and is not enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. The coronary arteries have less than 10% yellow atherosclerotic stenosis.

The myocardium is red-brown, firm, and uniform without focal fibrosis, softening, or hyperemia. The ventricles are not dilated or hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.3 cm, 0.8 cm, and 0.7 cm, respectively.

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The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta follows its usual course and has minimal atherosclerotic changes. There are no vascular anomalies or aneurysms. The vena cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: The right and left lungs weigh 720 and 620 grams, respectively, and have the usual lobation. The pleura are smooth and glistening; the lungs have minimal anthracotic pigment. The lungs are congested and edematous. The parenchyma is dark red and exudes moderate amounts of fluid. The lungs have no consolidation, hemorrhage, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain no foreign material and have tan-pink mucosa.

HEPATOBILIARY SYSTEM: The liver weighs 1800 grams. The intact capsule is smooth and glistening. The parenchyma is red-brown and uniform without mass, hemorrhage, yellow discoloration, or palpable fibrosis.

The gallbladder contains less than 5 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

HEMOLYMPHATIC SYSTEM: The spleen weighs 130 grams. The capsule is smooth and intact. The parenchyma is maroon, firm, and uniform.

There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

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AUTOPSY REPORT

Case Number: [redacted]

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 150 ml of food material without visible pills or pill residue. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 150 and 160 grams, respectively, and have a normal shape and position. The cortical surfaces are granular. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains X ml of clear yellow urine. The mucosa is intact, and the bladder wall is not hypertrophied.

The uterus is slightly enlarged. The tubes and ovaries are of expected size and have smooth serosal surfaces. The cervix is patent with purulent material. The myometrium is uniform and the endometrium is unremarkable. The sectioned ovaries are unremarkable. The vagina is unremarkable.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. There are no fractures of the clavicles, sternum, ribs, vertebrae, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm.

HEAD: See Injuries External and Internal. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

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AUTOPSY REPORT

Case Number: [redacted]

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1340 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions.

SPECIMENS RETAINED

TOXICOLOGY: Samples of central blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.031 g/100mL).

HISTOLOGY: Representative sections of organs and tissues are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the gunshot wound are taken.

RADIOGRAPHS: Full body radiographs are taken and show small metallic fragments in the right leg.

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1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of the back.
   A. Entrance wound: left back. No soot or stippling.
   B. Exit: no exit wound.
   C. Trajectory: left-to-right, back-to-front and downward.
   D. Path: Skin and tissues of the back, chest cavity fracturing rib #6 posterior, upper and lower lobe of left lung, pericardium and heart.
   E. Injuries: fracture of the 6th rib, posterior; Injuries of the left lung and heart associated with left hemothorax, 900 ml, and hemopericardium, 250 ml.
   F. Evidence: Two fragmented projectiles recovered from the hemopericardium; photographed and retained as evidence.

II. Other findings.
   A. No evidence of other injuries.
   B. No significant natural disease.

OPINION

Per LVMPD preliminary reports, on 10/01/2017, concertgoers were attending an outdoor music festival. At approximately 2208 hours, numerous rapid fire gunshots were heard and numerous individuals were struck with gunshots. It was determined that an individual (reference CCOCME case #17-10064) had opened fire from the 32nd floor of the Mandalay Bay Hotel and Casino across the street from the festival. Victims fled the scene and numerous victims were transported to local hospitals. First responders later located the single suspect who was killed in a believed suicide.

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AUTOPSY REPORT

Case Number: [redacted]

External examination revealed a normally developed and well-nourished [redacted] female appearing consistent with the listed age of [redacted] years, with a penetrating gunshot wound of the back. The entrance wound was noted on the back, and no exit wound noted. There were injuries to the heart and left lung and associated hemopericardium and left hemothorax. Two fragmented projectiles recovered from the hemopericardium; retained as evidence. The projectile trajectory was left-to-right, back-to-front, and downward. No other injuries or non-traumatic natural disease noted. Toxicology testing was positive for alcohol, 0.04% and negative for illicit drugs of abuse.

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is gunshot wound of the back, and the manner of death is Homicide.

CAUSE OF DEATH: This [redacted]-year-old female, [redacted], died as a result of GUNSHOT WOUND OF THE BACK.

MANNER OF DEATH: HOMICIDE.

AbuBakr Marzouk, M.D.
Forensic Pathologist

Date signed: 12/20/2017

AM/kra

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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0545 hours on October 2, 2017

Date of autopsy: 0130 hours on October 4, 2017

REASON FOR CORONER JURISDICTION: Apparent homicide by gunshot wound(s). Mass Fatality Event; Las Vegas Metropolitan Police Department (LVMPD) Event # 171001-3519.

IDENTIFICATION: The decedent was placed into a body bag and sealed with coroner seal [redacted] The decedent was subsequently transported to the CCOCME for further examination. The body is identified by a Medical Examiner's identification toe tag on the right great toe bearing the decedent's name and case number.

WITNESSES: LVMPD Homicide Detective J. Grimmett and LVMPD Crime Scene Analyst personnel

CLOTHING: The body is clad in white/blue shirt, blue jeans, black bra, multi-colored underwear, green socks, and brown boots when presented for autopsy.

EXTERNAL EXAMINATION

The body is that of a normally developed and well-nourished [redacted] female appearing consistent with the listed age of [redacted] years. The length is 69 inches, and the weight is 179 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, non-blanching on the back.

The head is normocephalic and the scalp is covered with brown hair measuring up to 24 inches on the top of the head. The ears are normally formed and without drainage. The earlobes are pierced. The irides are hazel, the corneas clear, and the bulbar and palpebral conjunctivae free of petechiae. The sclerae are white.

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AUTOPSY REPORT

Case Number: [redacted]

The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition. The neck is without injuries or deformities.

The chest is normally formed, symmetrical, and without palpable masses or deformity. The breasts are symmetrical, and without palpable masses. The abdomen is flat and soft. No masses are palpable. The atraumatic external genitalia are those of an adult female. The back is straight and symmetrical with no trauma or defects. The anus is atraumatic.

The upper extremities are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are unremarkable. The lower extremities are normally formed and have no edema, amputations, or deformity. The toenails are unremarkable painted green.

BODY MARKINGS (SCARS AND TATTOOS): No tattoos or major surgical scars are noted.

EVIDENCE OF INJURY

GUNSHOT WOUND OF THE BACK:

A penetrating gunshot wound is noted of the torso, with a small entrance wound on the back, left of the posterior midline, and no exit wound. No other injuries are noted. No soot or stippling is noted surrounding the entrance wound consistent with an indeterminate range of fire.

ENTRANCE WOUND: Left upper back. The wound measures 1/8 inch with a symmetric abrasion rim measuring 1/16 inch in width. The wound is centered 16 inches from the top of the head and 6 inches left of the posterior midline.

EXIT: No exit wound seen.

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AUTOPSY REPORT

Case Number: [redacted]

PATH: The projectile path is through the back, left lung and heart.

INJURIES: Injury to the muscles of the back, fracture of rib #6, posteriorly, and injuries to the upper and lower lobes of the left lung, and heart are noted, and associated with left hemothorax, 900 ml, and hemopericardium, 250 ml.

PROJECTILE: Two projectile fragments are recovered from the hemopericardium; photographed and retained as evidence.

TRAJECTORY: Left-to-right, back-to-front and downward.

INTERNAL EXAMINATION

INITIAL INCISION: The body cavities are entered through the standard coronal incision and the standard Y-shaped incision.

BODY CAVITIES: The abdominal fat layer measures up to 4 cm in thickness. The pericardial cavity contains 250 ml of blood, and the left chest cavity 900 ml. The other body cavities have no hemorrhage or abnormal fluid. The uninjured serosal surfaces are smooth, glistening, and without adhesions. The organs are normally located. The diaphragm is intact. The body cavities have no non-traumatic abnormalities.

CARDIOVASCULAR SYSTEM: See "Evidence of Injury". The uninjured pericardium is thin and smooth. Within the pericardial sac, there is 250 mL of fluid and clotted blood. The heart weighs 240 grams and is not enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. There are no atherosclerotic changes.

The chambers are normally developed and are without mural thrombosis. The myocardium is unremarkable. The ventricles are not dilated or hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.5 cm, 1.2 cm, and 1.2 cm,

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AUTOPSY REPORT

Case Number: [redacted]

respectively. There is no hypertrophy or dilatation. There are no non-traumatic abnormalities.

The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The tricuspid, pulmonic, mitral and aortic valves measure 12 cm, 8 cm, 11 cm and 8 cm, respectively. The atrial and ventricular septa are free of defects. There is no abnormality of the apices of the papillary musculature.

The great vessels enter and leave in a normal fashion. The aorta follows its usual course and has no atherosclerotic changes. There are no vascular anomalies or aneurysms. The vena cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: See "Evidence of Injury". The right and left lungs weigh 400 and 200 grams, respectively, and have the usual lobation. The uninjured pleura are smooth and glistening; the lungs have small anthracotic pigment. The lungs are well expanded and crepitant. The uninjured parenchyma is dark red and exudes moderate amounts of fluid. The lungs have no consolidation, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain no foreign material and have unremarkable mucosa. The hilar lymph nodes are not enlarged.

HEPATOBILIARY SYSTEM: The liver weighs 1350 grams, is of average size. The intact capsule is smooth and glistening. The parenchyma is red-brown and uniform without mass, hemorrhage, yellow discoloration, or palpable fibrosis. The gallbladder contains dark green bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform. The pancreatic ducts are not ectatic, and there is no parenchymal calcification.

HEMOLYMPHATIC SYSTEM: The spleen weighs 150 grams. The capsule is smooth and intact. The parenchyma is maroon, firm, and uniform.

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AUTOPSY REPORT

Case Number: [redacted]

There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown. The parathyroid glands are not identified. The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow, and there is no hemorrhage or tumor. The pituitary gland is not enlarged and is unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach is not distended. The stomach contains approximately 50 ml of tan paste. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines are unremarkable to inspection and palpation and sectioning. The appendix is present and is unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 100 and 90 grams, respectively, and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains 200 ml of clear yellow urine. The mucosa is intact, and the bladder wall is not hypertrophied.

The uterus, tubes, and ovaries are of expected size and have smooth serosal surfaces. The non-gravid uterus is symmetrical and the uterine cavity is unremarkable. The fallopian tubes are unremarkable. The cervix is patent. The myometrium is uniform and the endometrium is unremarkable. The sectioned ovaries are unremarkable for age. The vagina is unremarkable.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

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Case Number: [redacted]

MUSCULOSKELETAL SYSTEM: See "Evidence of Injury". The musculoskeletal system is well developed and free of deformity. There are no fractures of the clavicles, sternum, vertebrae, or pelvis. The ribs are not brittle. There is fracture of left rib #6. The skeletal muscle is dark red and firm.

CENTRAL NERVOUS SYSTEM: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural, subdural or subarachnoid hemorrhage.

The unfixed brain weighs 1340 grams. The leptomeninges are glistening, thin and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. Anatomic landmarks are preserved, symmetrical and without focal change. The ventricles are not enlarged without dilation or distortion, and the linings are smooth and glistening. The pons, medulla, and cerebellum are unremarkable, without focal lesions. There is no evidence of uncal or cerebral herniation.

SPECIMENS RETAINED

TOXICOLOGY: Samples of heart and pericardial blood, vitreous humor, and urine are retained for toxicology. Toxicology testing is positive for alcohol (ethanol) 44 mg/dL (0.044%)and negative for illicit drugs of abuse.

HISTOLOGY: None submitted.

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AUTOPSY REPORT

Case Number: [redacted]

PHOTOGRAPHS: Digital identification photographs are obtained. Selected photographs are obtained during autopsy for documentation.

RADIOGRAPHS: Routine radiographs obtained and revealed radio-dense projectile within the cardiac shadow and no non-traumatic abnormalities.

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Head, Penetrating (see injury description).

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old [redacted] male, [redacted], is GUNSHOT WOUND OF THE HEAD.

MANNER OF DEATH: HOMICIDE.

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

DATE: Dec 20 2017

LS/kra/amu

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Secondary dissemination of this document is prohibited.

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
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AUTOPSY REPORT

Case Number: [redacted]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1050 hours, October 4, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are jeans, black belt, brown shoes, black socks, blue shirt, and black underwear.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly. The head hair is light and demonstrates frontotemporal recession. The eyes are closed. The corneas are cloudy. The irides are light. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest demonstrates pectus excavatum and shows no evidence of natural disease. The abdomen is unremarkable. The extremities are equally and symmetrically developed. The arms and hands show no evidence of acute injury. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length. The external genitalia are male. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; remote medical intervention is present.

1. Postmortem regional radiograph of the head demonstrates multiple skull fractures associated with ballistically significant and insignificant bullet fragments projected over the central cranial cavity.

2. Postmortem regional radiograph of the chest is unremarkable.

3. Postmortem regional radiographs of the abdomen and pelvis are unremarkable.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located on the **vertex of the head** 0.8 inches to the left of midline is an elongated gunshot wound of entrance that measures 2.0 x 0.9 inches in dimension; an irregular pressure mark exhibiting parchment change is present anteriorly.

   The bullet courses through the skin and subcutaneous tissues of the vertex of the head and enters the cranial cavity through the central frontoparietal skull which exhibits a "keyhole" injury measuring 1.5 x 0.7 inches in dimension exhibiting endocranial beveling rostrally and ectocranial beveling caudally; the bullet courses downward into the central brain where lead bullet and jacket fragments are recovered.

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AUTOPSY REPORT

Case Number: [redacted]

The membranous compartments of the cranial cavity demonstrate diffuse subarachnoid and subdural hemorrhage over the cerebral convexities; the parenchyma of the brain demonstrates multiple skull fragments acting as secondary missiles.

The frontal parietal skull demonstrates multiple radiating skull fractures.

The subscalp soft tissue of the vertex of the head demonstrates a broad area of hemorrhage.

The bullet courses from front-to-back and downward directly. Examination of the wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The chest demonstrates several irregular dermal scars.

2. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

3. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

4. The periorbital soft tissue demonstrates ecchymosis, right greater than left.

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height: 73 inches
Weight: 177 pounds
Brain: 1440 grams

CENTRAL NERVOUS SYSTEM: Except for the findings previously described, the scalp, subscalp soft tissue and calvaria are unremarkable. On entering the cranial cavity the leptomeninges

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AUTOPSY REPORT

Case Number: [redacted]

are congested. Except for the findings previously described, the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning, except for the findings previously described, the brain is unremarkable.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed jacket and lead bullet fragments recovered from the central brain to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem heart blood.
2. Vitreous humor.
3. Urine.
4. Brain tissue.
5. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of pronounced death is October 2, 2017. The examination is performed by Lary Simms, DO, MPH, Medical Examiner, at 1430 hours, October 3, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are multicolored underwear, plaid top, white bra, black top, and black shorts.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult measuring 67 inches in length and weighing 140 pounds. Rigor mortis is absent. Lividity is present posteriorly. The head hair is dark and long. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The lips are unremarkable. The teeth are natural and in poor repair. No injuries are identified to the external neck. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and demonstrate decoration. The external genitalia are female and otherwise unremarkable. The back and buttocks are unremarkable.

INVENTORY OF TATTOOS:

1. An indecipherable tattoo located on the right hip.

2. An iconographic tattoo located on the lumbosacral area.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; degenerative skeletal change is present.

1. Postmortem regional radiographs of the head and neck demonstrate ballistically insignificant bullet fragments in the soft tissues of the lower anterior neck.

2. Postmortem regional radiographs of the chest demonstrate opacification of the right lung associated with pneumothorax; ballistically significant and insignificant bullet fragments are projected to the right of the vertebral column of the central chest; the body of the 6th thoracic vertebra demonstrates a fracture.

3. Postmortem regional radiographs of the abdomen and pelvis demonstrate ballistically insignificant bullet fragments projected over the right hemidiaphragm.

4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **central upper back** 14.5 inches from the top of the head and directly in the midline is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of a central hole measuring 0.12 inch in dimension associated with a circumferential abrasion collar measuring up to 0.05 inch in dimension.

   The bullet courses through the skin and subcutaneous tissues of the central upper back, courses through the thoracic vertebral column and courses through the right-central chest; a deformed small caliber lead bullet with

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AUTOPSY REPORT

Case Number: [redacted]

associated jacket fragments are recovered from the subcutaneous tissue of the right chest.

Additionally present in the right chest 14.5 inches from the top of the head and 1.0 inch to the right of the midline is an irregular wound measuring 0.2 x 0.3 inch in dimension consistent with a bullet fragment exit.

Percutaneous thoracentesis of the right pleural cavity demonstrates gross blood.

The bullet courses from back-to-front directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The right eyebrow demonstrates a superficial laceration associated with a 0.8 inch abrasion.

2. The bridge of the nose demonstrates several irregular abrasions.

3. The central nose and ala demonstrate multiple irregular and curvilinear abrasions and superficial lacerations.

4. Epistaxis is present.

5. The perioral skin demonstrates multiple irregular and curvilinear abrasions.

6. The central incisor on the left side demonstrates avulsion.

7. The dorsal surface of the right hand demonstrates several irregular abrasions.

8. The skin surfaces of the thighs and knees demonstrate adherent black-gray material.

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AUTOPSY REPORT

Case Number: [redacted]

9. The knees bilaterally demonstrate multiple irregular and curvilinear abrasions.

10. The cutaneous surfaces of the dorsal feet demonstrate adherent black-gray material associated with multiple irregular and curvilinear abrasions.

11. The left elbow demonstrates several irregular abrasions.

12. The dorsal surface of the left hand demonstrates several irregular ecchymoses associated with a punctate abrasion on the dorsal surface of the 5th finger.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed lead bullet and jacket fragments recovered from the subcutaneous tissue of the right chest to custody of Las Vegas Metropolitan Police Department

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Vitreous humor.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

OPINION

CAUSE OF DEATH: The cause of death of this [redacted] year-old [redacted] female, [redacted] is GUNSHOT WOUND OF THE CENTRAL UPPER BACK.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 27 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

LS/kra/amu

ADDENDUM: An intact tooth and tooth fragments recovered from the scene ([redacted]; [redacted]; [redacted]) are analyzed (see separate Forensic Dentist report and DNA Analysis report) and match positively beyond any reasonable doubt to the decedent [redacted].

DATE: Dec 27 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

December 5, 2017

IDENTIFICATION

The remains are analyzed [see separate forensic dentist report and DNA analysis report] and match positively beyond any reasonable doubt to case [redacted] [see separate report].

DATE: 12.27.17

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, NV (Las Vegas)
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AUTOPSY REPORT

Case Number: [redacted]

December 5, 2017

IDENTIFICATION

The remains are analyzed [see separate forensic dentist report and DNA analysis report] and match positively beyond any reasonable doubt to case [redacted] [see separate report].

DATE: 12-27-17

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, NV (Las Vegas)
LS/ag/amu

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

December 5, 2017

IDENTIFICATION

The remains are analyzed [see separate forensic dentist report and DNA analysis report] and match positively beyond any reasonable doubt to case [redacted] [see separate report].

DATE: 12.27.17

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, NV (Las Vegas)
LS/ag/amu

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

October 5, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of head.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of head**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]-year-old male, [redacted], died as a result of a gunshot wound of head.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/kra/ag

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Secondary dissemination of this document is prohibited.

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 5, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 1044 hours on October 2, 2017

Date of autopsy: 0030 hours on October 5, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number. There is a hospital band around the left wrist bearing the name [redacted].

WITNESSES: Assisting is Forensic Autopsy Specialist Brieanna. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. No clothing accompanies the body.

EVIDENCE OF MEDICAL THERAPY:
1. Endotracheal tube.
2. Bilateral single lumen intravascular catheters in the posterior aspects of the hands.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] male appearing consistent with the listed age of [redacted] years. The length is 74 inches, and the weight is 289 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with brown hair measuring up to 1/8 inch on the top of the head. There is stubble on the face. The ears are normally formed and without drainage. No piercings are apparent. The irides are brown, the corneas are opaque, and the

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AUTOPSY REPORT

Case Number: [redacted]

bulbar and palpebral conjunctivae free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in fair condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is slightly protuberant and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of an uncircumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No track marks or ventral wrist scars are noted. The fingernails are trimmed short and clean.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are long and slightly dirty.

BODY MARKINGS (SCARS AND TATTOOS):
Scars:
1. A 1/2 x 1/16 inch scar on the mid lower abdomen.

Tattoos: No tattoos are noted.

INJURIES, EXTERNAL AND INTERNAL

There is a perforating gunshot wound of the head. The directions are stated with reference to the standard anatomic positions.

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AUTOPSY REPORT

Case Number: [redacted]

PERFORATING GUNSHOT WOUND OF HEAD:

ENTRANCE: There is an entrance gunshot wound on the left side of the top of the head. It is centered at the vertex and 3/4 inch left of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. No soot or stippling is noted on the adjacent skin.

EXIT: There is an exit gunshot wound on the top of the head. It is centered at the vertex and 7/8 inch left of midline. It is a 1/2 x 1/8 inch lacerated defect without soot or stippling.

DIRECTION: Front-to-back and right-to-left.

ASSOCIATED INJURIES: There is subgaleal, subdural, and subarachnoid hemorrhage. There is injury to the superior aspect of the left parietal lobe and the left occipital lobe. Two fragments of projectile are recovered from the left occipital lobe. There are multiple skull fractures.

INTERNAL EXAMINATION

HEAD: See Injuries External and Internal. The calvarium and base of the skull are normally configured with the fractures are described above. The dura is not intact and there is subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: See Injuries External and Internal. The brain weighs 1590 grams. The leptomeninges are glistening with underlying hemorrhage. There is injury to the superior aspect of the brain. The hemispheres are otherwise symmetrical with a normal gyral pattern.

Sections through the cerebral hemispheres show a hemorrhagic wound track through the superior aspect of the left parietal lobe and the left occipital lobe. There is hemorrhage within the brainstem. The cerebellum is unremarkable.

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SPECIMENS RETAINED

TOXICOLOGY: Samples of peripheral blood and vitreous humor are retained for toxicology. Toxicological testing detected no alcohol or common drugs of abuse.

HISTOLOGY: Representative sections of the brain are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs and photographs of the gunshot wound and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show skull fractures and projectile fragments in the head.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

FINAL DIAGNOSES

1. Multiple gunshot wounds
   - Penetrating gunshot wound to the right chest
   - Perforating gunshot wound to the right forearm
2. Abrasions on the right lower back, posterior left forearm, lateral proximal left leg, proximal phalanx of the dorsal surface of the right second toe and dorsal surface of the left foot along the fifth toe
3. Contusions on the posterior left forearm and anterior left wrist

OPINION:

It is my opinion that death was caused by multiple gunshot wounds (chest and right forearm) sustained from being shot during mass fatality incident.

There were two (2) gunshot wounds on the body: right chest (1) and right arm (1). There was no evidence of close range of firing noted on the skin surrounding any of the wounds. Unless otherwise stated, the wound tracks are described when the body is viewed in the standard anatomical position. The gunshot wounds are arbitrarily numbered for ease of description and do not reflect the sequence of firing.

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST (GSW #1):

There was an entrance gunshot wound on the right chest located on the upper outer quadrant of the right breast. The wound was surrounded by bruising and adjacent cluster of abrasions. The

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AUTOPSY REPORT

Case Number: [redacted]

wound track proceeded from this injury through the skin and soft tissue, right 6th rib, right lung, diaphragm, liver, right 11th intercostal space and subjacent retroperitoneal soft tissue where a jacketed bullet was recovered. Associated injuries included soft tissue hemorrhage, right-sided hemothorax, right periadrenal contusion and abrasion of the right kidney. The wound track was from front to back, right to left and downward.

PERFORATING GUNSHOT WOUND TO THE RIGHT FOREARM (GSW #2):

There was a through and through entrance gunshot wound on the back of the right forearm. The wound track proceeded from this injury through the soft tissue and blood vessels, and ended at an exit wound in front of the right forearm. Associated injuries included soft tissue hemorrhage. The wound track was from back to front and upward. There was no bullet or part of bullet recovered from the wound track.

Additional injuries included abrasions on the right lower back, back of the left forearm, side of the proximal left leg, right second toe and left foot, and bruising back of the left forearm and front of the left wrist.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.091 g/100 mL.

CAUSE OF DEATH: Multiple gunshot wounds (chest and right forearm)

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner

DATE: 12/20/2019

LR/amu/ag

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of Pronounced Death: October 1, 2017
Date of Postmortem Examination: October 3, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [redacted] along with the identification tag. The body was that of a normally developed and nourished, [redacted], female, appearing about the recorded age of [redacted] years. The body measured 62 inches in length and weighed 295 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of shirt, bra and sock. The head was normocephalic and the scalp hair was red. The eyes had white sclerae, pale conjunctivae, and hazel irides. The dentition was natural with dentures in the upper jaw. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The external genitalia were those of a normal adult female. The back showed no significant deformities. There was a cluster of hypopigmentations on the legs. There was a scar on the right lower abdomen. There was a plastic bracelet around the right wrist.

EVIDENCE OF TREATMENT:
There was intravascular line in the left antecubital fossa, blood pressure cuff, defibrillator and electrocardiograph pads and a gauze soaked in blood wrapped around the right forearm.

EVIDENCE OF INJURY:

GUNSHOT WOUNDS

There were two (2) gunshot wounds on the body: right chest (1) and right arm (1). There was no soot or gunpowder stippling noted on the skin surrounding any of the wounds. Unless

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AUTOPSY REPORT

Case Number: [redacted]

otherwise stated, the wound tracks are described when the body is viewed in the standard anatomical position. The gunshot wounds are arbitrarily numbered for ease of description and do not reflect the sequence of firing.

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST (GSW #1):

There was 2.8 cm x 1.5 cm ovoid entrance gunshot wound on the right chest, 12-1/4 inches below the top of the head and 7-1/4 inches right of the anterior midline. There was a purple-green contusion around the wound. There was no soot or gunpowder stippling noted on the skin surrounding this wound. There was a 1-1/4 inch x 1 inch cluster of abrasions adjacent to the wound located at 12 to 6 o' clock position. The wound track proceeded from this injury through the skin and soft tissue, right 6th rib, middle lobe of the right lung, right wing of the diaphragm, right lobe of the liver, right 11th intercostal space and retroperitoneal soft tissue where a jacketed bullet was recovered. Associated injuries included soft tissue hemorrhage, right-sided hemothorax of approximately 1000 mL, right periadrenal contusion and abrasion of the superior pole of the right kidney. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position.

PERFORATING GUNSHOT WOUND TO THE RIGHT FOREARM (GSW #2):

There was a 0.4 cm x 0.3 cm round through and through entrance gunshot wound on the posterior right forearm, 25 inches below the top of the. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue and blood vessels, and ended at 7 cm x 4.2 cm irregular exit wound to the anterior right forearm, centered at 24-1/2 inches below the top of the head. Associated injuries included soft tissue hemorrhage. The wound track was from back to front and upward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

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AUTOPSY REPORT

Case Number: [redacted]

Additional injuries:

There was a ¼ inch x ¼ inch abrasion on the right lower back. There was a 3 inch x 1 inch cluster of abrasions and purple-green contusions on the posterior left forearm. There was a 1/8 inch x 1/8 inch purple round contusion on the anterior left wrist. There was a ¾ inch x ½ inch abrasion on the lateral proximal left leg. There was a ¼ inch x ¼ inch abrasion on the proximal phalanx of the dorsal surface of the right second toe. There was a 1/8 inch x 1/8 inch abrasion on the dorsal surface of the left foot along the fifth toe.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Heart:	300
Right Lung:	300
Left Lung:	400
Liver:	1450
Spleen:	80
Right Kidney:	80
Left Kidney:	80

An autopsy was performed utilizing the normal thoraco-abdominal incision. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and the viscera were in their normal anatomical positions. **Except for the above previously described injuries**, the internal systems were as follows:

Neck:
No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:
The 300 gm heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease.

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AUTOPSY REPORT

Case Number: [redacted]

No acute thrombi were present. Both ventricles were of normal size and their walls were of normal thickness. No focal endomyocardial lesions were present. The papillary muscles and chordae tendineae were not thickened, and the heart valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:
The larynx and trachea were unremarkable. The right and left lungs weighed 300 gm and 400 gm, respectively. There was congestion in the parenchyma. No pulmonary emboli were identified.

Hepatobiliary System:
The 1450 gm liver had firm dark tan surfaces and parenchyma. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:
The 80 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:
The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 100 mL of partially digested food.

Pancreas:
The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:
The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

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AUTOPSY REPORT

Case Number: [redacted]

Genitourinary System:
The right and left kidneys weighed 80 gm each. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:
Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken. There was evidence of projectile along with small fragments noted in the right torso and small fragments of projectile in the right forearm.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Right Upper Chest, Penetrating (see injury description).
2. Gunshot Wound of the Right Lower Arm, Perforating (see injury description).
3. Hemothorax, Right, Chest.
4. Pale Internal Organs consistent with Acute Blood Loss.
5. Hydronephrosis, Left, Kidney.

COMMENT: Based on the geometric alignment of wounds in the right arm and chest, the bullet most likely entered and exited from the right lower arm that was extended and flexed over the front of the chest then grazed the medial aspect of the right upper arm and then entered the right upper chest.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old female, [redacted], is GUNSHOT WOUND OF THE RIGHT UPPER CHEST.

MANNER OF DEATH: HOMICIDE.

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)
LS/kra/amu

DATE: Dec 20 2017

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 1, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1450 hours, October 3, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are black shoes, black top, blue shorts, red bandana, blue top, gray sweater, and multicolored underwear.

EXTERNAL EXAMINATION: The body is that of a normally developed adult. Rigor mortis is absent. Lividity is present posteriorly and in a patchy distribution anteriorly. The head hair is dark and long. The scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and the toenails demonstrate remnants of decoration. The external genitalia are female. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF TATTOOS:

1. Writing located in the right lateral chest.

2. Collinear dots located on the left lower arm.

INVENTORY OF MEDICAL TREATMENT:

1. An intravenous catheter is present in the right arm associated with several needle punctures.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; degenerative skeletal change is present; acute medical intervention is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

2. Postmortem regional radiograph of the chest demonstrates ballistically insignificant and significant bullet fragments scattered over the right chest and midline; the soft tissues demonstrate broad areas of air; the right lung field is hazy.

3. Postmortem regional radiographs of the abdomen and pelvis are unremarkable.

4. Postmortem regional radiographs of the extremities demonstrates a soft tissue defect in the right upper arm associated with ballistically insignificant bullet fragments and a soft tissue defect in the right lower arm associated with a ballistically insignificant bullet fragments.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF GUNSHOT INJURY:

1. Located on the **back of the right arm** is a gunshot wound of entrance measuring 0.22 inch in dimension; the wound is composed of a central hole measuring 0.12 inch in dimension associated with a circumferential abrasion collar measuring up to 0.05 inch in dimension.

   The bullet courses through the skin and subcutaneous tissues of the right lower arm, coursing through the volar compartment without causing bony injury, and exits on the volar right lower arm; the exit wound is irregular in shape measuring 1.5 x 1.0 inch in dimension.

2. Located in the medial aspect of the **right upper arm** is an irregular superficial atypical graze wound measuring 1.5 inch in dimension associated with satellite ecchymoses and satellite curvilinear abrasion (see photographs).

3. Located in the **right upper chest** 13.2 inches from the top of the head and 5.5 inches to the right of the midline is an irregular atypical gunshot wound of entrance measuring 0.8 x 0.6 inch in dimension associated with satellite irregular and curvilinear abrasions and perforating punctate injury.

   The bullet courses through the skin and subcutaneous tissues of the right upper chest and enters the right pleural cavity through the 2nd intercostal space; the bullet induces multiple lacerations to the upper portion of the right lower lung and the right upper lung and courses into the lateral aspect of the central thoracic vertebral column.

   Multiple lead and jacket fragments are recovered from the right lung and the right lateral portion of the thoracic vertebral column.

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AUTOPSY REPORT

Case Number: [redacted]

The right pleural cavity contains 400 mL of liquid blood and 10 grams of clot.

The thoracic spinal canal is exposed via an anterior approach; the membranous compartments show focal epidural and subdural hemorrhages; the surfaces of the exposed thoracic spinal cord are unremarkable.

The laryngotracheobronchial tree and lungs bilaterally demonstrate broad areas of aspirated blood.

The bullet courses from front-to-back and right-to-left directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF EXTERNAL FINDINGS:

1. The central chest demonstrates an irregular abrasion suggestive of resuscitation injury.

2. The right lateral neck demonstrates a curvilinear punctate abrasion.

3. Epistaxis is present.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	64 inches
Weight:	150 pounds
Heart:	275 grams
Lungs:	800 grams
Liver:	1600 grams
Spleen:	100 grams
Left kidney:	60 grams
Right kidney:	140 grams
Brain:	1320 grams

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AUTOPSY REPORT

Case Number: [redacted]

BODY CAVITIES: The body is entered by a Y-shaped incision. The right pleural cavity contains 100 ml of liquid blood associated with multiple adhesions, often dense; the rest of the body cavities and peritoneal surfaces are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are non-fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

The prevertebral soft tissue and muscles of the cervical vertebral column show no evidence of antemortem hemorrhage. The anterior cervical vertebral column shows no evidence of hemorrhage, fracture or dislocation.

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate yellow streaking. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit no significant pathologic changes.

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AUTOPSY REPORT

Case Number: [redacted]

The valves of the heart are unremarkable. The ventricular chambers are unremarkable. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: Except for the findings previously described, the trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning, in addition to the findings previously described, the pulmonary parenchyma demonstrates edema.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a pale tan-yellow color and a firm consistency. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is 100 milliliters of red fluid. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. The left kidney is reduced in size.

Serial sectioning of the right kidney demonstrates a normal cortex, calices, pelvis and ureter.

Serial sectioning of the left kidney demonstrates cortical and medullary atrophy associated with hydronephrosis; the left ureter is mildly dilated.

The uterus, fallopian tubes and ovaries are present and unremarkable. The endometrium is thick.

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AUTOPSY REPORT

Case Number: [redacted]

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The adrenal glands have a normal size and on serial sectioning are pale. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Small caliber lead and jacket fragments recovered from the right lung and thoracic vertebral column to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem heart blood.
2. Liver tissue.
3. Bile.
4. Brain tissue.
5. Urine.
6. Vitreous humor.
7. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[redacted]

DIAGNOSES

1. Gunshot Wound of the Right Upper Chest, Penetrating (see injury description).
2. Hemopneumothorax, Right, Chest.
3. Mediastinal Hemorrhage, Chest.
4. Aspiration of Blood, Lungs.
5. Pale Internal Organs consistent with Acute Blood Loss.

OPINION

CAUSE OF DEATH: The cause of death of this [redacted]-year-old [redacted] female, [redacted], is GUNSHOT WOUND OF THE RIGHT UPPER CHEST.

MANNER OF DEATH: HOMICIDE.

DATE: Dec 20 2017

Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

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The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 1, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1320 hours, October 3, 2017.

CLOTHING: The body is received unclothed; a paper identification tag is present on the right wrist. Accompanying the body is a hospital gown.

EXTERNAL EXAMINATION: The body is that of a normally developed [redacted] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly. The head hair is dark and long. The unshaved scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are light. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. No injuries are identified to the external neck. The chest is unremarkable. The abdomen demonstrates striae, but is otherwise unremarkable. The extremities are equally and symmetrically developed. The arms and hands show no evidence of acute injury. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and the toenails demonstrate decoration. The external genitalia are female and are otherwise unremarkable. The back and buttocks show no evidence of natural disease.

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AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF TATTOOS:

COMMENT: Multiple tattoos are present, some of which are as follows:

1. Writing located in the left lower arm.

2. A snail located on top of the right foot.

INVENTORY OF MEDICAL TREATMENT:

1. An intravenous catheter is present in the top of the right foot.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; acute and remote medical intervention is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

2. Postmortem regional radiograph of the chest demonstrates opacification of the right lung field associated with pneumothorax; a deformed small caliber bullet is projected over the central thoracic vertebral column associated with ballistically insignificant bullet fragments; the mediastinum demonstrates a right-to-left shift; the soft tissues of the chest demonstrate broad areas of air.

3. Postmortem regional radiographs of the abdomen and pelvis are unremarkable.

4. Postmortem regional radiographs of the extremities demonstrate soft tissue air in the right arm.

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1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

INVENTORY OF GUNSHOT INJURY:

1. Located in the **right upper chest** 12.6 inches from the top of the head and 2.7 inches to the right of the midline is a gunshot wound of entrance measuring 0.22 inch in dimension; the wound is composed of an eccentric hole measuring 0.12 inch in dimension associated with eccentric abrasion collar measuring up to 0.05 inch in dimension.

   The bullet courses through the skin and subcutaneous tissues of the right upper chest and enters the right pleural cavity through the 2nd rib; the bullet courses through the right upper lobe, the right lower lobe and the hilum of the right lung and exits from the right pleural cavity through the 6th paravertebral intercostal space.

   A deformed small caliber jacketed hollow point bullet is recovered from the soft tissues of the central back associated with an overlying irregular cutaneous 1.3 inch ecchymosis.

   The right pleural cavity demonstrates 1000 ml of liquid blood and 50 grams of clot; the mediastinum demonstrates hemorrhage.

   The bullet courses from front-to-back and right-to-left directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

2. The legs bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.

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AUTOPSY REPORT

Case Number: [redacted]

3. The arms bilaterally demonstrate scattered needle punctures.

4. The abdomen demonstrates scattered curvilinear hypopigmented areas.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	73 inches
Weight:	293 pounds
Heart:	305 grams
Lungs:	850 grams
Liver:	1750 grams
Spleen:	130 grams
Kidneys:	280 grams
Brain:	1390 grams

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are remarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue shows no external injury and on serial sectioning is unremarkable. The surfaces of the epiglottis show no abnormalities.

The suprahyoid and infrahyoid (strap) muscles of the neck are dissected in layers and show no evidence of antemortem hemorrhage.

The hyoid bone is dissected. The synchondroses of the hyoid bone are partially fused and intact. The greater horns of the hyoid bone show no evidence of fracture or periosteal hemorrhage.

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Case Number: [redacted]

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture or perichondral hemorrhage.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture or perichondral hemorrhage.

The prevertebral soft tissue and muscles of the cervical vertebral column show no evidence of antemortem hemorrhage. The anterior cervical vertebral column shows no evidence of hemorrhage, fracture or dislocation.

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate yellow streaking. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit no significant pathologic changes.

The valves of the heart are unremarkable. The ventricular chambers are unremarkable. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi demonstrate aspirated blood. The pulmonary vessels are unobstructed. On serial sectioning the pulmonary parenchyma demonstrates aspirated blood associated with generalized edema.

HEPATOBILIARY SYSTEM: The capsular surface of the liver is smooth and without adhesions. On serial sectioning the hepatic parenchyma has a pale tan-yellow color and a firm consistency. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

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AUTOPSY REPORT

Case Number: [redacted]

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is 200 milliliters of red-brown fluid. The stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces are granular. On serial sectioning the renal cortex is pale and has normal thickness. The calyces, pelves and ureters are unremarkable.

The uterus, fallopian tubes and ovaries are present and unremarkable. The endometrium is unremarkable.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale and is otherwise unremarkable. The adrenal glands have a normal size and on serial sectioning are pale and otherwise unremarkable. The rest of the endocrine system shows no identifiable abnormalities.

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. A small caliber deformed partial metal jacket bullet recovered from the central back to custody of Las Vegas Metropolitan Police Department

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Vitreous humor.
3. Liver tissue.

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AUTOPSY REPORT

Case Number: [redacted]

4. Brain tissue.
5. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.

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1704 Pinto Lane
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(702) 455-3210

AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Multiple gunshot wounds of head.

CAUSE OF DEATH: This [redacted]-year-old female, [redacted], died of multiple gunshot wounds of head.

MANNER OF DEATH: HOMICIDE.

JENNIFER CORNEAL, M.D.
Forensic Pathologist

Date signed: 12/20/17

JC/rg/ag

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 2300 hours on October 1, 2017

Date of autopsy: 0010 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of cowboy boots, a beige bra, and a blue jean dress accompanies the body.

EVIDENCE OF MEDICAL THERAPY:
1. Endotracheal tube.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished female appearing consistent with the listed age of [redacted] years. The length is 64 inches, and the weight is 167 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with black hair measuring up to 13 inches on the top of the head. The ears are normally formed with bloody drainage. The earlobes are pierced. The right iris is brown with a clear cornea. The left eye is markedly injured. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition.

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AUTOPSY REPORT

Case Number: [redacted]

NECK: The neck is symmetrical.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses. The breasts are symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of an adult female.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and painted with a french tip-style nail polish.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and painted white.

BODY MARKINGS (SCARS AND TATTOOS):
Scars: None identified.

Tattoos:
1. A monochromatic tattoo of a letter on the mid-chest.
2. A monochromatic tattoo of a star on the left side.

INJURIES, EXTERNAL AND INTERNAL

There are multiple gunshot wounds of head and right upper extremity. Directions are stated with reference to standard anatomic positions.

PENETRATING GUNSHOT WOUND OF HEAD:
ENTRANCE: There is entrance gunshot wound in the left eye. It is centered 4 inches below the top of the head and 2-1/4 inches left

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AUTOPSY REPORT

Case Number: [redacted]

of midline. It is a 3/16 inch defect which injures the entire globe. There is associated bilateral periorbital ecchymosis.

PATH: The projectile enters the left eye, markedly injuring the eye, fracturing the base of the skull and lodging in the left temporalis muscle.

PROJECTILE/SITE OF LODGEMENT: Two metallic fragments are recovered from the area of the left temporalis muscle.

DIRECTION: Front-to-back, right-to-left and slightly upward.

PENETRATING GUNSHOT WOUND OF HEAD:
ENTRANCE: There is an entrance gunshot wound on the right side of the head. It is centered 6-1/4 inches below the top of the head and 5 inches right of midline. It is a 1-1/4 x 1/2 inch lacerated defect extending from the right side of the head to the base of the right earlobe.

PATH: The projectile enters the right side of the head fracturing the base of the skull injuring the brain and injuring the right and left occipital lobes and the right and left lobes of the cerebellar vermis. There are numerous skull fractures. There diffuse subdural and subarachnoid hemorrhage.

PROJECTILE/SITE OF LODGEMENT: Two small metallic fragments are recovered from the soft tissue behind the occipital bone.

DIRECTION: Front-to-back, right-to-left and upward.

PEFORATING GUNSHOT WOUND OF RIGHT HAND:
ENTRANCE: There is an entrance gunshot wound on the posterior aspect of the right hand. It is centered 22-5/8 inches below the top of the shoulder and 1/4 inch left of midline. It is a 3/16 x 1/8 inch defect with a 1/16 inch rim of abrasion. No soot or stippling is identified on the adjacent skin.

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Case Number: [redacted]

EXIT: There is an exit gunshot wound on the palm of the right hand. It is centered 23 inches below the top of the shoulder and 7/8 inch left of midline. It is a 1/8 x 1/16 inch lacerated defect without soot, stippling or abrasion.

DIRECTION: Back-to-front, left-to-right and downward.

GRAZE WOUND OF SHOULDER:
There is a graze wound of the right shoulder. It is centered 10 inches below the top of the head and 7-3/4 inches right of midline. There is a 2-1/2 x 1 inch gaping defect on the superior aspect of the right shoulder. There is an associated 2 x 1/4 inch red abrasion anterior and medial to the wound.

INTERNAL EXAMINATION

HEAD: See injuries external and internal. The calvarium and base of the skull are normally configured with numerous skull fractures as described above. The dura is not intact, and there is marked subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: See injuries external and internal. The unfixed brain weighs 1240 grams. The leptomeninges are glistening and transparent with underlying hemorrhage. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres show a mostly uniform, intact cortical ribbon and uniform white matter. There is damage to the occipital lobes bilaterally. The internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem are unremarkable. Sections of cerebellum show focal hemorrhage of both hemispheres.

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AUTOPSY REPORT

Case Number: [redacted]

SPECIMENS RETAINED

TOXICOLOGY: Samples of peripheral blood and vitreous humor are retained for toxicology. Toxicological testing detected ethanol (0.176 g/100mL).

HISTOLOGY: Representative sections of the brain are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of injuries and projectiles are taken.

RADIOGRAPHS: Full body radiographs are taken and show multiple metallic fragments in the head and multiple skull fractures.

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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

[redacted]

PATHOLOGIC DIAGNOSES

I. Gunshot wound of chest.

OPINION

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **gunshot wound of chest**, and the manner of death is **Homicide.**

CAUSE OF DEATH: This [redacted]-year-old male, [redacted], died as a result of gunshot wound of chest.

MANNER OF DEATH: **HOMICIDE.**

Date signed: 12/20/17

JENNIFER CORNEAL, M.D.
Forensic Pathologist

JC/kra/ag

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Clark County Coroner
1704 Pinto Lane
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AUTOPSY REPORT

Case Number: [redacted]

October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[redacted]

Date of death: 0545 hours on October 2, 2017

Date of autopsy: 0325 hours on October 3, 2017

IDENTIFICATION: The body is identified by a tag on the right great toe bearing the decedent's name and case number.

WITNESSES: Assisting is Forensic Technician Suzanne. There are no outside observers.

CLOTHING: The body is unclad when initially viewed. A pair of blue jeans, gray underwear, socks and boots accompany the body.

EVIDENCE OF MEDICAL THERAPY: None.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed and well-nourished [redacted] male appearing consistent with the listed age of [redacted] years. The length is 74 inches, and the weight is 239 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, nonblanching, and in a posterior distribution.

HEAD: The scalp is covered with reddish-brown hair measuring up to 1 inch on the top of the head. There is a beard and mustache on the face. The ears are normally formed and without drainage. The earlobes are not pierced. The irides are blue, the corneas are clear, and the bulbar and palpebral conjunctivae are free of petechiae. The sclerae are white. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed.

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AUTOPSY REPORT

Case Number: [redacted]

The teeth are natural and in good condition.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of an uncircumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The arms are normally formed. No needle punctures, track marks, or ventral wrist scars are noted. The fingernails are cut short and clean and do not extend beyond the fingertips.

LEGS: The legs are normally formed and have no edema, amputations, or deformity. The toenails are short, trim, and clean.

BODY MARKINGS (SCARS AND TATTOOS):
Scars:
1. A 1/4 inch diameter circular scar on the right side of the neck.

Tattoos: There are multiple monochromatic and multicolored tattoos of the extremities and torso. They are photographed for documentation purposes.

INJURIES, EXTERNAL AND INTERNAL

There is a penetrating gunshot wound of the chest. The directions are stated with reference to the standard anatomic positions.

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AUTOPSY REPORT

Case Number: [redacted]

PENETRATING GUNSHOT WOUND OF CHEST:
ENTRANCE: There is an entrance gunshot wound on the right side of the chest. It is centered 20-3/4 inches below the top of the head and 10 inches right of midline. It is a 1/8 inch diameter defect with a 1/16 inch rim of abrasion. There is no soot or stippling on the adjacent skin.

PATH: The projectile enters the right side of the chest perforating the right 8th intercostal space, perforating the liver, stomach and diaphragm and entering the left chest. There is a right hemothorax and a hemoperitoneum.

PROJECTILE/SITE OF LODGEMENT: The jacket is recovered from the lower lobe of the left lung. The projectile is recovered from the left 7th intercostal space.

DIRECTION: Right-to-left, front-to-back and upward.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 3.8 cm in thickness. There is a right hemothorax and a hemoperitoneum. The serosal surfaces are smooth, glistening, and without adhesions. The organs are normally located. The diaphragm is not intact.

CARDIOVASCULAR SYSTEM: The heart weighs 470 grams and is not enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. The coronary arteries have less than 10% yellow atherosclerotic stenosis.

The myocardium is red-brown, firm, and uniform without focal fibrosis, softening, or hyperemia. The ventricles are not dilated or hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.3 cm, 1.1 cm, and 1.3 cm, respectively.

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AUTOPSY REPORT

Case Number: [redacted]

The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta follows its usual course and has minimal atherosclerotic changes. There are no vascular anomalies or aneurysms. The vena cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: See Injuries External and Internal. The right and left lungs weigh 320 and 490 grams, respectively, and have the usual lobation. The pleura are smooth and glistening; the lungs have minimal anthracotic pigment. The lungs are mildly congested and edematous. The parenchyma is dark red and exudes moderate amounts of fluid. There is hemorrhage in the left lower lung lobe surrounding the projectile jacket. The lungs have no consolidation, infarct, tumor, gross fibrosis, or enlargement of airspaces. The bronchi contain no foreign material and have tan-pink mucosa.

HEPATOBILIARY SYSTEM: See Injuries External and Internal. The liver weighs 1730 grams. The capsule is not intact and there is a large defect in the right lobe of the liver. The parenchyma is red-brown with focal hemorrhage in the area of defect.

The gallbladder contains less than 5 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

HEMOLYMPHATIC SYSTEM: The spleen weighs 140 grams. The capsule is smooth and intact. The parenchyma is maroon, soft, and uniform.

There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

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AUTOPSY REPORT

Case Number: [redacted]

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 300 ml of food material without visible pills or pill residue. The gastric mucosa is not intact. The duodenal mucosa is intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 130 grams each and have a normal shape and position. The cortical surfaces are smooth. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains 20 ml of urine. The mucosa is intact, and the bladder wall is not hypertrophied.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. There are no fractures of the clavicles, sternum, ribs, vertebrae, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm.

HEAD: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

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AUTOPSY REPORT

Case Number: [redacted]

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1530 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions.

SPECIMENS RETAINED

TOXICOLOGY: Samples of central and peripheral blood, vitreous humor, urine, and liver are retained for toxicology. Toxicological testing detected ethanol (0.129 g/100mL).

HISTOLOGY: Representative sections of organs and tissues are retained.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the gunshot wound and projectile are taken.

RADIOGRAPHS: Full body radiographs are taken and show metallic fragments in the left chest area.

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