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HUMBOLDT COUNTY

Case Number: 202304322

Autopsy Number: ██████████

Date of Birth: ██████████; **Age:** ██████ years

Date and Time of Death: 09/17/2023 at 0811 hrs.

CORONER-PA

AUTOPSY PERFORMED

By: James N. Olson, MD
Deputy State Medical Examiner
Oregon State Medical Examiner
13309 SE 84th Street, Suite 100
Clackamas, OR 97015

James N. Olson, MD.

On: Friday, September 22, 2023 - 1320 hrs.

At: Humboldt County Coroner's Office, Eureka, California

CONCLUSIONS:

- I. The subject sustained four gunshot wounds in close proximity while struggling with a law enforcement officer.
- II. Gunshot wound to the chest with perforation of the left lung and exit below the axilla, projectile recovered underneath the shirt.
- III. Perforating gunshot wounds to the right forearm and left upper arm.
- IV. Grazing gunshot wound in the left lower abdomen.
- V. Taser prongs were recovered in the right buttock and lower back.
- VI. Both hands and fingers incised with no evidence of injuries.
- VII: Toxicology results: Fentanyl 47 ng/mL, Norfentanyl 36 ng/mL; d-Methamphetamine 1.1 mg/L, Amphetamine 0.12 mg/L

CAUSE OF DEATH: Gunshot wound to the chest

OTHER SIGNIFICANT CONDITIONS: Grazing gunshot wound to the left lower abdomen and perforating gunshot wounds to the left upper arm and the proximal right forearm. Taser prongs in the right buttock and right lower back. Fentanyl and Methamphetamine intoxication.

MANNER OF DEATH: Homicide

HISTORY:

The subject died as a result of an officer involved shooting. For details please refer to law enforcement reports.

IDENTIFICATION:

Identification is confirmed by the Humboldt County Deputy Coroner Investigator and law enforcement personnel.

GENERAL:

The body is that of a normally developed and normally nourished [REDACTED], that weighs [REDACTED] pounds, measures [REDACTED] inches in length, and appears consistent with the age of [REDACTED] years. The eyes are [REDACTED]. The subject has a full head of [REDACTED] or [REDACTED] hair and a [REDACTED] and [REDACTED]. Decomposition changes consist of multiple areas of skin slippage, particularly on the upper extremities and over the chest and abdomen. Fly eggs are present over the left side of the neck. There are several tattoos on the body. There is a midline scar that extends from the base of the sternum around the navel and to the pubic bone for approximately 20 cm in length by .5 cm in width. Lividity is posterior. Rigor mortis has dissipated.

CLOTHING:

Worn by the body at the time of examination are the following items:

[REDACTED]

The shirt has a bullet hole in it in the right upper chest measuring 1 cm in diameter. The shirt is soaked with blood and it is difficult to identify powder particles.

PERSONAL EFFECTS:

Present on or with the body at the time of examination are the following items:

Personal effects will be inventoried in the law enforcement report and coroner report.

EVIDENCE OF MEDICAL INTERVENTION:

EKG pads

EVIDENCE OF INJURY:

The subject has sustained four gunshot wounds. There are Taser prongs in the right buttock and the right lower back.

Gunshot wound #1: This is a wound to the right of center in the chest that is 1 cm from midline to its inner edge. It is 56 inches from the bare heel. There is a corresponding hole in the shirt. The wound has a partial rim of soot and searing from approximately 7-9-10 o'clock that has a width of 1 cm. There is also a triangle shaped pattern of soot extending from approximately 3 o'clock that progressively widens toward midline and measures 2 x 2 cm. The marginal abrasion is the faint. There appear to be 3 to 4 powder stipple marks at approximately 9 o'clock, 5 mm lateral from the soot margin, that cover an area of 1 cm in diameter. The stipples average less than 1 mm. The exit wound is in the left axilla 57.5 inches from the bare heel and measures 2.1 x 2 cm. There is no corresponding hole in the shirt. It would appear that the projectile was trapped

inside the shirt and moved toward the anterior chest when the body was moved, where the fully expanded projectile was recovered beneath the shirt. The wound course would be from right to left, front to back, and upward. Gunshot wound #1 shatters the upper sternum and enters the chest cavity at the level of left second rib. The right chest cavity is unremarkable. The left chest cavity contains 500-600 ml of blood. The projectile exited the left chest cavity at the level of the fifth and sixth ribs producing a 2 cm in diameter hole. It then exited the skin as described. It perforated the upper lobe of the left lung. No injuries to the heart, aorta or the left carotid artery and left subclavian artery were found.

Gunshot wound #2: This is a grazing wound in the left lower abdomen. The upper edge is 43 inches from the bare heel, begins 5 cm to the left of midline, and has a downward course from medial to lateral. It measures 4.5 x 1.7 cm and has corresponding holes in the shirt as well as in the left front pocket of the camouflage pattern pants.

Gunshot wound #3: This is a wound that is a perforating wound in the right forearm just below the elbow. The entrance wound measures 1.1 x 1 cm and has a halo of soot around it that is most pronounced on the upper outer edge for 3 x 2 cm. The exit perforation is located 4 cm from it and is an irregular stellate wound with several skin tags around it that measures 3 x 2.5 cm. A probe connects the two wounds. There is damage to the head of the ulna bone and imaging studies show what appears to be a fragment of retained projectile. The wound is examined internally and shows on exploring the wound that the ulna is shattered. The largest fragment of the projectile is recovered along with two smaller fragments of lead and copper jacket.

Gunshot wound #4: It is a perforating wound. The entrance wound is in the anterior lateral left arm 12 cm below the top of the shoulder. The wound measures 1.1 x 1 cm, has faint marginal abrasion, and shows faint stippling on the lower and medial edge for 2.5 x 2 cm. The exit perforation is in the posterior lateral arm 12 cm above and behind the entrance wound. The exit wound measures 3 x 1.3 cm. The wound course is upward, front to back, and courses tangentially underneath the skin without damaging the humerus bone.

HEAD AND NECK:

The eyelids are normal in appearance. The conjunctivae are free of petechiae and the sclerae are anicteric. The ears are normal in appearance. The facial skeleton is palpably intact. The nostrils are patent. The lips are atraumatic. The oral mucosa is free of lesions. The dentition is natural and in adequate condition. The tongue is free of lacerations or contusions.

The scalp is free of lacerations, abrasions, or contusions. The scalp is reflected in the usual manner and no galeal hemorrhage is present. The calvarium of the skull is intact. The calvarium is removed and no epidural, subdural, or subarachnoid hemorrhage is present. The brain is removed and the base of the skull is intact. The brain weighs 1520 grams. The brain has the usual gyral appearance and soft consistency. The leptomeninges are smooth and glistening. No areas of traumatic injury are seen over the surfaces of the brain. Edema is

present with flattening of gyri and narrowing of sulci. No herniations are noted. Sectioning through the brain discloses the normal appearance of grey and white matter without areas of traumatic injury or focal organic lesions involving the cerebrum, cerebellum or brainstem. The vessels at the base of the brain are normally formed and are unremarkable. The spinal cord is not removed.

The anterior strap muscles of the neck are free of hemorrhage. The hyoid bone and laryngeal cartilage are intact. The laryngeal mucosa, vocal cords, and epiglottis are normal in appearance. The cervical spine is atraumatic and no unusual mobility is noted with manipulation of the head on the neck.

THORAX:

The thorax is normal except as described above under evidence of injury. The right pleural cavity is unremarkable. The left pleural cavity is described under evidence of injury. The pericardium is intact and contains approximately 10 ml of serous fluid. All pericardial surfaces are smooth and glistening. The thymus is normal in appearance for this age. The sternum as described under evidence of injury. The clavicles are free of old or recent fractures. The ribs are described under evidence of injury. The thoracic spine is normal in appearance. The back is unremarkable, except as previously mentioned.

CARDIOVASCULAR SYSTEM:

The heart weighs 350 grams. The heart has the usual ventricular configuration and muscular consistency. The left anterior descending, circumflex and right coronary arteries are free of significant atherosclerotic narrowing. Sectioning through the heart discloses normal ventricular chamber sizes and wall widths. No areas of acute or previous ischemic change or obvious inflammation involve the ventricular or septal myocardium. The valves are normally formed, thin and pliable, and free of vegetations. The atria are unremarkable. The aorta is free of significant atherosclerotic disease.

RESPIRATORY SYSTEM:

A thin, watery fluid is found within the upper respiratory tree lumen. The tracheobronchial mucosa is free of lesions. The pulmonary vessels are normally formed and free of emboli. The right and left lungs weigh 610 grams and 320 grams, respectively. The right lung shows congestion and edema. The left lung is described under evidence of injury.

ABDOMEN:

The abdomen is slightly protuberant. There are scattered adhesions and sutures in the anterior abdomen. All of the organs are present and are dissected in situ. The organs show no significant abnormalities. The lumbar and sacral spine is atraumatic. The pelvis is palpably stable.

GASTROINTESTINAL SYSTEM:

The esophageal mucosa is free of lesions. The stomach is nearly empty. The

gastric mucosa is normally rugated. The small and large intestines are free of organic lesions. The appendix is not identified. The anus is normal in appearance.

HEPATOBIILIARY SYSTEM:

The liver weight is normal. The capsule is smooth and glistening. Sectioning through the liver discloses the expected dark red to brown, slightly firm parenchyma. No significant fatty change, fibrosis or focal organic lesions are identified. The gallbladder contains approximately 30 ml of thin green bile. No stones are present within the gallbladder. The gallbladder mucosa has the usual green, velvety appearance.

LYMPHORETICULAR SYSTEM:

The spleen weight is normal. Sectioning through the spleen shows no abnormalities. No unusual lymph nodes are encountered during the dissection.

ENDOCRINE SYSTEM:

The thyroid gland is of normal size and free of lesions on sectioning. The pancreas has the usual light tan, lobular architecture. No areas of hemorrhage, necrosis or calcification are identified on sectioning. The adrenals have the usual bright yellow cortices and grey to brown medullary areas. No lesions are identified on sectioning.

GENITOURINARY SYSTEM:

The right and left kidney weights are normal. Both renal capsules strip with ease to reveal smooth and glistening, dark red cortical surfaces. Sectioning through the kidneys discloses adequate cortical widths with distinct corticomedullary junctions, and no areas of hemorrhage, necrosis or inflammation involving the renal pyramids. The urinary collecting system is normal. The bladder contains approximately 40 ml of clear yellow urine. The bladder mucosa is free of lesions. The penis is circumcised and free of skin lesions. Both testes are descended within the scrotum and palpably free of masses.

EXTREMITIES:

The extremities are normal except as described above under evidence of injury.

HISTOLOGY:

No tissue samples are saved.

EVIDENCE SAVED:

Items of evidence taken are described in the law enforcement reports and consist of clothing, personal effects, and the recovered bullet and bullet fragments

TOXICOLOGY:

Routine fluid samples are saved and toxicology is requested.

JNO:me



Case Name:

TOXICOLOGY NUMBER: CVT-23-6439

Specimen Description: 3.75 ml chest blood (gray top vial) labeled "[REDACTED]; [REDACTED]
[REDACTED] Dr Olson; 09/22/2023"

Delivered by Federal Express

Date 27-Sep-23

Received by Jerry Mendoza

Date 27-Sep-23

Request: Complete Drug Screen & THC

Agency Case # 202304322

Requesting Agency

Humboldt County Coroner
3012 "I" Street
Eureka CA 95501

Report To

Humboldt County Coroner
Attn: Records
3012 "I" Street
Eureka CA 95501

RESULTS

Specimen: Chest Blood Sample

Complete Drug Screen: Fentanyl and Methamphetamine detected.
Specific drug assay for THC performed.
No other common acidic, neutral or basic drugs detected.
No Ethyl Alcohol detected.

Cannabinoids (THC metabolite) by Immunoassay = Positive*

Fentanyl = 47 ng/mL
Norfentanyl = 36 ng/mL

d-Methamphetamine = 1.1 mg/L
d-Amphetamine = 0.12 mg/L

**EMAILED COPY OF REPORT TO DR. OLSON ON
10/20/2023**

*Note: Chest blood volume too small (QNS) for Cannabinoids (THC metabolite) confirmation/quantification.

Eduardo Espiritu, PhD

October 19, 2023

EDUARDO ESPIRITU
Director

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