

OFFICE OF THE PROSECUTING ATTORNEY

Jamner County Courthouse
950 Ruston Avenue South
Ruston, Major 98404
(206) 584-2000

O. Long
Prosecuting Attorney

Dr. L.R. Jackson
Chief Medical Examiner
ATTN: Ms. P. Kim
Jamner County Medical Examiner
300 10th Avenue
Ruston, Major 98402

Deceased: Bruno E. Summers

Date of Death: September 7, 20XX

Defendant: Edward Taylor Hard

Dear Dr. Jackson:

Because this death involves a possible homicide, we request that you assign a high priority to your examination report. As soon as possible, please send two copies of your report to:

Filing Unit Coordinator
Criminal Division
Jamner County Prosecuting Attorney

If you will return this letter with your report, we can expedite adding it to the criminal investigation file.

Thank you for your cooperation.

For J.P. Burns, Jamner County Prosecuting Attorney,



O. Long
Filing Unit Coordinator

Autopsy Report
Medical Examiner #84-543

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**Jamner County
Medical Examiner Division
Autopsy Report**

L.R. Jackson, M.D.
Chief Medical Examiner

J.T. Weal, M.D.
Medical Examiner

Dorian Ray Flannery
Assistant Medical
Examiner
M.E. Case 84-543

Date and Time of Examination
7 September 20XX at 2045 hours

External Examination

Identification:

The body is identified by M.E. number on the right upper leg, as well as a hospital identification band on the left wrist which gives the name as "Bruno Summers."

Clothing:

The following clothing and therapeutic paraphernalia is initially present:

1. A blue and white hospital gown.
2. A pair of white, jockey style under shorts.

The following therapeutic paraphernalia are present:

1. An oro-tracheal tube and bite bar are taped in place.
2. Two adhesive EKG pads are present on the right shoulder, and one each on the left shoulder, right subcostal region and left side of the abdomen.
3. Eight sutures close a 10 cm carved incision line 2 cm inferior to the right anterior costochondral line.
4. Intravenous catheters are taped in place in the left antecubital fossa, right upper arm.
5. A chest tube is inserted between ribs 6 and 7, 2 cm medial to the posterior axillary line.

Before cleaning, the hands are examined. There is no visible evidence of gunshot residue. The fingernails have up to a 2 mm overhang and are neatly trimmed and clean.

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General Description:

With the clothing removed and the body cleaned, it is that of a well developed, normally nourished white male who appears to be in his late twenties to early thirties, and whose listed age is 34 years. The length is 6 feet 2 inches and weight as received is 210 pounds. The body is well preserved and has not been embalmed. Slight lividity is present dorsally and blanches with pressure.

The body is cold and has been refrigerated.

The scalp is covered by brown hair which measures up to approximately 3 inches when straightened. The face is clean shaven except for a fine, 1/8 inch stubble over the upper lip and a small amount of coarse brown hair over the lower chin. The external ears are normally formed and located. The irides are brown, corneae dull and conjunctivae pale. The skeleton of the nose is intact. No foreign material is present in the nares. The lips and tongue are intact. The teeth are natural and in good condition. An oro-tracheal tube is in place. The neck is symmetrical and trachea in the midline. The chest is normally formed. The abdomen is flat and soft and is the site of injuries to be described. No massae are palpable. The external genitalia are circumcised, adult male. The arms are symmetrical and normally formed. Intravenous catheters are present as previously described. The legs are symmetrical and normally formed. The back is straight and symmetrical.

Identifying marks include the following:

- a. A 1/4 inch depressed scar over the right frontal region.
- b. An irregular, 3/4 x 1/4 inch scar over the extensor aspect of the right forearm.
- c. A 3/4 x 1/4 inch scar over the extensor aspect of the right wrist.
- d. Pale striae over the anterior axillary fold bilaterally.
- e. A 1 x 1/4 inch vertical scar over the antero-medial aspect of the left thigh.
- f. Irregular to ovoid scars measuring from 1/4 to 1 inch in diameter over the anterior knees and tibia.
- g. A 3/4 x 1/2 inch ovoid scar over the left medial malleolus.
- h. A 1/2 x 1/4 inch ovoid scar over the midline of the posterior neck.

Intravenous catheters are in place in the left antecubital fossa and medial aspect of the right upper arm. Three recent needle punctures are also present in the right antecubital fossa. Over the medial aspect of the antecubital fossa there is a 5/8 x 1/2 inch hypertrophic, mottled hypo- and hyperpigmented scar. Although not typical, this may represent a needle track and will be examined microscopically.

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External Evidence of Injury:

1. Gunshot Wound.

EXTERNAL WOUND: Entrance wound is not visible, probably masked by previously described suture line.

PATH OF BULLET: The bullet perforated the anterior abdominal chest wall in the right upper quadrant close to the midline. It then passed into the anterior aspect of the right lobe of the liver. The site of entry in the liver is marked by three sutures. A $\frac{1}{4}$ inch tunnel proceeds through substance of liver to an exit opening $\frac{3}{8}$ inch wide. It then pierced the diaphragm in the 6th intercostal space in the mid axillary line. The bullet entered the anterior basal segment of the right lower lobe of the lung. It then exited the lung and glanced off the inferior surface of the 7th rib. The 7th rib is inferiorly and anteriorly grooved. The bullet came to rest in the chest wall, embedded in the inferior/superior aspect of the 8th rib in the posterior axillary line. There is approx. 50 cc of blood in the peritoneal cavity.

RECOVERY OF BULLET: A distorted copper jacket and lead bullet were recovered from the 8th rib as noted above, by the hospital surgery team.

COURSE OF BULLET: Relative to erect body, the bullet passed from center to right, front to back at an angle of approx. 45 degrees, and roughly horizontal until striking the 7th rib. Bullet then passed from above to below, very slightly from right towards center.

2. Over the anterolateral aspect of the right upper leg there is a cutaneous defect. This is at a point 32 $\frac{1}{2}$ inches above the heel. It consists of a $\frac{1}{2}$ x $\frac{1}{4}$ inch ovoid defect with the long axis vertical. There is drying of the edges but no significant abrasion is noted. Incision of this area reveals a minimal amount of hemorrhage at the borders of the lesion. There is no deep hemorrhage or track leading from the wound.

The injuries are numbered for orientation only. The number does not imply temporal sequence. The description of the injuries will not be repeated under the Internal Examination.

Internal Examination:

Body Cavities:

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There is blood in the cavities as previously described. Fibrous adhesions are present between the diaphragm and dome of the right lobe of the liver. The MEDIASTINUM is unremarkable. The organs are anatomically disposed.

Organ Systems:

Cardiovascular System:

The HEART weighs 330 grams and has its normal shape. The PERICARDIUM is smooth and glistening. The CORONARY ARTERIES arise and are distributed in the usual manner with right dominance. They show no atherosclerosis. The ENDOCARDIUM is smooth and glistening and the CARDIAC VALVES are intact and unremarkable. The MYOCARDIUM is reddish-brown and firm and shows no focal lesions. The aorta follows its usual course and shows no atherosclerosis. The GREAT VESSELS of venous return are unremarkable.

Respiratory System:

The LARYNX, TRACHEA, and BRONCHI are unremarkable. The RIGHT and LEFT LUNGS weigh 540 and 410 grams respectively. The RIGHT is the site of the previously described injury. The lungs are firm, subcrepitant and the PLEURA has a diffuse petechial surface. There are multiple blebs over the apices. Cut surfaces are moist. With digital pressure the RIGHT exudes a modest amount of blood, the LEFT a minimal amount of blood. The terminal air spaces showed dense consolidation in both lungs.

Urinary System:

The KIDNEYS weigh 130 grams each. They have their normal shape and the capsules strip with ease revealing smooth external surfaces. Cut surfaces show the usual architecture. The PELVES and URETERS are unremarkable. The BLADDER contains 5 ml of urine. Its mucosa is unremarkable.

Internal Genitalia:

The PROSTATE and TESTES are unremarkable.

Lympho-Reticular System:

The SPLEEN weighs 80 grams. Its capsule is intact and the parenchyma showed marked acute congestion. The THYMUS is involuted. The LYMPH NODES where noted are unremarkable.

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Gastro-Intestinal Tract:

The ESOPHAGUS is unremarkable. The STOMACH mucosa is intact and continuous with an unremarkable duodenum. The SMALL and LARGE INTESTINES are unremarkable. The APPENDIX is present.

Hepato-Biliary System:

The LIVER weighs 1817 grams. It is the site of the previously described injuries. Elsewhere the capsule is intact and the organ maintains its usual shape. Diffuse fibrosis is present on the outer surfaces. Cut surfaces show the usual lobular architecture. The GALL BLADDER contains 15 ml of bile. Its mucosa is unremarkable and the BILE DUCTS normally disposed.

Endocrine System:

The PITUITARY, THYROID, ADRENALS and PANCREAS are unremarkable.

Musculo-Skeletal System:

The 7th and 8th ribs on the right side have been described previously. No other fractures are identified. The BONE MARROW where visualized is unremarkable. The skeletal muscle has its usual color and texture.

Neck Organs:

There is no hemorrhage in the SOFT TISSUES. The CARTILAGINOUS and BONY structures are intact.

Head:

Reflection of the SCALP reveals no hemorrhage. The CALVARIA is intact. There is no epidural or subdural hemorrhage. The BRAIN weighs 1153 grams. The LEPTOMENINGES are glistening and transparent and the GYRI have their usual orientation and configuration. There is no evidence of herniation. The VESSELS at the base of the brain are normally disposed and show no atherosclerosis. Multiple sections reveal the cortical ribbon to be intact. The usual landmarks are present and unremarkable. Removal of the DURA from the base of the SKULL reveals no fractures.

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Microscopic Examination:

HEART:	No pathological diagnosis.
LUNG:	Consolidation and atelectasis of RIGHT LUNG. Consolidation of LEFT LUNG. Exudate was fluorescent for antibody to Legionella.
KIDNEY:	No pathological diagnosis.
BRAIN:	No pathological diagnosis.
SKIN INCISION:	Incision with fibrous replacement and dermal sutures near rib cage area.
ARM:	Scars.

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Major State Toxicology Laboratory
Department of Laboratory Medicine
University of Major
Harborview Medical Center
Ruston, Major
Phone: (206) 223-3536

CASE NO.: 25076 DATE RECEIVED: 9/3/20XX DATE COMPLETED: 9/7/20XX

SAMPLE IDENTIFICATION: Flannery, Dorian R. 543

SAMPLE MATERIAL	QUANTITY	CONTAINER	LABELED
BLOOD	9 ml	VG	Yes
URINE	5 ml	SCB	Yes

GASTRIC

BILE

OTHER

1.

2.

SEND REPORT TO: Jamner County Prosecuting Attorney

ANALYSIS PERFORMED	RESULTS	COMMENTS
Blood Alcohol, .10	0 gm	
Urine: Drug Screen	Gentamicin Cephalothin Nafcillin	

PLEASE REFER TO OUR CASE NUMBER IN ALL FUTURE CORRESPONDENCE
REGARDING THIS CASE


Matthew A. Paige
Major State Toxicologist

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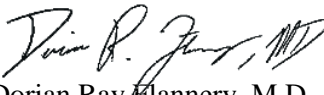
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Pathological Diagnoses:

1. Gunshot wound of chest:
 - a. Perforations of liver and lung.
 - b. Right hemothorax (50 cc), and hemoperitoneum (150 cc).
 - c. Bullet recovered in right chest wall.
 - d. Course of wound: Front to back at 45 degree angle, center to right, roughly horizontal until striking the 7th rib, then downward and very slightly to center.
2. Bullous emphysema of apices of lungs.
3. Pneumonia of lungs.
4. Recent therapy:
 - a. Endotracheal tube.
 - b. Multiple needle punctures and intravenous catheters.
 - c. Incision and sutures right anterior abdomen.
 - d. Sutures right lobe liver.
 - e. Chest tube right lung.
 - f. Antibiotics in body fluids.

Opinion:

The decedent suffered a gunshot wound and was initially stabilized in ER. Pt developed pneumonia. Antibiotics recovered in urine were appropriate for GI surgery, and most causes of pneumonia. Cause of death was respiratory distress secondary to pneumonia.


Dorian Ray Flannery, M.D.
Medical Examiner


L.R. Jackson, M.D.
Chief Medical Examiner

9-14-20XX
Date Signed