



# SHERIFF-CORONER

COUNTY OF RIVERSIDE

BOB DOYLE, Sheriff-Coroner

RIVERSIDE COUNTY CORONER

MARK A. FAJARDO, M.D.

Forensic Pathologist

06 JUL 13 AM 9:39 AUTOPSY PROTOCOL

**NAME OF DECEDENT:** JONES, JESSE (U06-136)      **FILE NUMBER:** 2006-04323

**FINAL DIAGNOSES:**

- I. Decedent status post multiple perforating gunshot wounds of the torso with perforating defects to the upper and lower lobes of the left lung as well as involvement of both the small and large intestines.

- II. Toxicology confirms the presence of cannabinoids.

**CAUSE OF DEATH:**      **MULTIPLE PERFORATING GUNSHOT WOUNDS OF TORSO.**

"I hereby certify that I, Mark A. Fajardo, M.D., Forensic Pathologist, have performed an autopsy on the body of Unidentified Male U06-136, later identified as Jesse Jones, on the 22nd day of June, 2006, commencing at 9:10 a.m., in the mortuary of the Office of the Riverside County Sheriff-Coroner. This autopsy was performed in the presence of Dr. McCormick."

**External Examination:** The body is received in a sealed body bag bearing the seal number 67385 which is subsequently broken at 9:10 a.m. Upon opening the body bag the body is found to be that of a well-developed, well-nourished black appearing male, measuring 69" in length and weighing 151 pounds. The subject's general appearance is consistent with an age of approximately mid-twenties. The decedent is unclothed. The body has been refrigerated and is cool to the touch. Rigor mortis is 2+ in the jaws, neck, and upper and lower extremities. Livor mortis is present in a posterior dependent distribution, with relative sparing of the weight-bearing areas, and does not blanch to palpation. The body is unembalmed. The decedent is identified by a Coroner's tag affixed to the right great toe bearing the decedent's case number.

The subject is normocephalic. There are multiple abrasions to the left side of the face to be described further below. The scalp hair is normally distributed, black, measuring 1/2" in length. There is a neatly trimmed mustache and beard measuring up to 1/2" in length. The facial features appear symmetrical and normally formed. The corneae are clear. The irides are brown. The pupils are round and regular measuring 0.4 cm bilaterally. The conjunctivae are pink and moist and there are no conjunctival petechial hemorrhages. There is no scleral icterus. Arcus senilis is not seen. The nose is normally formed and has an intact bony and cartilaginous structure. The nostrils are patent and are free of hemorrhage or discharge. The ears are symmetrical and show no hemorrhage or discharge.

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The teeth are natural and are in a good state of repair. The oral mucus membranes are pink and moist and show no evidence of trauma or petechial hemorrhage. No foreign material or blood is present in the mouth. The neck is symmetrical, normally formed, and atraumatic. There is no palpable crepitation or hypermobility of the neck.

The chest is symmetrical and normally formed. There is a gunshot wound to the chest region to be described further below. No palpable crepitation or bony deformity is present over the chest wall. The abdomen is flat. There is a gunshot wound immediately superior to the pubic symphysis to be described further below. No masses are palpated. The external genitalia are those of a normally developed apparently circumcised adult male. Both testicles are present within the scrotal sac. The pubic hair pattern is normal. The anus is closed and atraumatic.

The upper extremities are symmetrical, normally formed and free of external trauma. No needle tracks or needle marks are noted. Upon receipt of the body the hands are not enclosed in paper or plastic bags. Examination of the fingernails reveal them to be thin and translucent and are neatly trimmed and closely kept.

The lower extremities are symmetrical, normally formed, and involved with an abrasion to be described further below. The toenails are thin and translucent and are neatly trimmed and closely kept. The soles of the feet are moderately calloused.

The posterior trunk shows a normal symmetrical external contour. There are gunshot wounds to the posterior body surfaces to be described further below.

**SCARS AND DISTINGUISHING MARKS:** Present overlying the left pectoral region is a tattoo depicting an apparent flower measuring up to 3 1/2" in greatest dimension. Present overlying the left lateral chest region is a tattoo depicting the following wordings "The Lord is on my side I will not fear. What can man do unto me".

**EVIDENCE OF THERAPEUTIC INTERVENTION:** An endotracheal tube is present within the oropharynx. Multiple EKG pads are present overlying the anterior and lateral body surfaces. There is an IV site present to the right subclavian region. There is a Foley catheter present within the urethra. There is a left sided thoracotomy with an aortic cross clamp.

**EVIDENCE OF EXTERNAL TRAUMA**

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**GUNSHOT WOUND NUMBER ONE**

**ENTRANCE:** Present involving the left side of the mid back region located 19" from the top of the head and 2 1/4" left of the posterior midline is a circular entrance gunshot wound. The injury proper measures 3/8" in diameter with a well circumscribed abrasion collar immediately surrounding the injury measuring up to 1/8" in thickness. No carbonaceous debris or soot-like material is present around or within the depths of the injury.

**EXIT:** Present involving the left upper chest region located 13 1/4" from the top of the head and 2 1/4" left of the anterior midline is an irregular and somewhat stellate shaped exit gunshot wound. The injury proper measures 1/2" x 3/4" in greatest dimension with no carbonaceous debris or soot-like material present around or within the depths of the injury.

**PATH OF PROJECTILE:** The projectile passes through the ninth rib in the mid scapular line and produces a perforating defect to both the upper and lower lobes of the left lung. The projectile then exits through the second rib on the left slightly medial to the mid clavicular line as previously described. There is minimal hemorrhage within the left chest cavity as a result of the thoracotomy.

**TRAJECTORY OF PROJECTILE:** The projectile travels from back to front and upward.

**RECOVERY OF PROJECTILE:** By gross and radiographic assessment this is a perforating gunshot wound with no projectile recovered.

**GUNSHOT WOUND NUMBER TWO**

**ENTRANCE:** Present involving the upper aspect of the left buttock region located 30 1/2" from the top of the head and 4" left of the posterior midline is a roughly circular entrance gunshot wound. The injury proper measures 5/16" in diameter with a well circumscribed abrasion collar immediately surrounding the injury measuring up to 1/8" in thickness. No carbonaceous debris or soot-like material is present around or within the depths of the injury.

**EXIT:** Present involving the midline suprapubic region located 30 1/4" from the top of the head and 1/4" left of the anterior midline is a roughly rectangular shaped exit gunshot wound. The injury proper measures 3/8" x 3/4" in greatest dimension with no carbonaceous debris or soot-like material present around or within the depths of the injury.

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**PATH OF PROJECTILE:** The projectile passes through the skin and musculature of the upper buttock region resulting in a slight fracture to the upper rim of the pelvis. The projectile then passes through the most distal portion of the left psoas muscle resulting in several perforating defects to two loops of small intestine as well as the descending colon. No vital structures are encountered. Only minimal hemorrhage is appreciated within the abdominal cavity (less than 50 cc).

**TRAJECTORY OF PROJECTILE:** The projectile travels from back to front, towards the midline, and very slightly upward.

**RECOVERY OF PROJECTILE:** By gross and radiographic assessment this is a perforating gunshot wound with no projectile recovered.

Present involving the left upper forehead region is an area of abrasion measuring up to 1/4" in greatest dimension. A similar area of abrasion is noted involving the superior and lateral aspect of the left eyebrow region measuring up to 3/8" in greatest dimension. A similar vague area of abrasion is noted at the most lateral margin of the left eyebrow measuring up to 1/4" in greatest dimension. Present overlying the left malar region is an area of abrasion measuring up to 3/4" in greatest dimension. A well healed abrasion is appreciated overlying the right kneecap region measuring up to 3/4" in greatest dimension. There is an acute abrasion, red-orange, involving the left kneecap region measuring up to 5/8" in greatest dimension.

**EVIDENCE OF INTERNAL TRAUMA:** Please refer to the aforementioned gunshot wounds as described above for internal trauma.

**Internal Examination:**

**OPENING INCISION AND BODY CAVITIES:** The standard Y-shaped thoracoabdominal incision reveals a subcutaneous fat thickness of 3/8" at midabdominal level. The pleural, pericardial, and peritoneal cavities are smooth and shiny and reveal minimal left sided hemoperitoneum and minimal left hemothorax as previously described. The internal organs are otherwise normally arranged with the exception of the aforementioned gunshot wounds.

**NECK ORGANS:** The hyoid bone and laryngeal cartilages are intact and normally formed. No fractures are identified. There is no evidence of hemorrhage in the strap muscles or soft tissues of the neck. The carotid sheaths and anterior cervical spine are without obvious abnormalities.

**CARDIOVASCULAR SYSTEM:** The heart weighs 320 grams. It is normally formed. The epicardial surface is smooth and shiny. There is a normal distribution of epicardial fat.

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The myocardium is firm, red-brown without focal softening, discoloration, or fibrosis. The chambers are not dilated, and the ventricular walls are normal in thickness (left ventricle 1.1 cm; right ventricle 0.2 cm). The endocardial surfaces show a typical trabecular pattern and are free of fibrosis or mural thrombus. The valves are normally formed, thin, and pliable. The coronary ostia are patent. The coronary arteries are normal in origin and distribution. The right coronary artery is dominant. The coronary arteries show minimal atherosclerotic narrowing. There is no thrombotic occlusion. The aorta is patent and follows a normal course. There is no aortic atherosclerosis.

**RESPIRATORY SYSTEM:** The right lung weighs 410 grams. The left lung weighs 250 grams. The lungs are dissimilar in appearance with the left lung having sustained perforating defects to the upper and lower lobes. The pleural surfaces are otherwise smooth, shiny, light pink-tan with minimal scattered anthracotic mottling. Sectioning reveals spongy, crepitant but dense, pink-tan parenchyma of the right lung and markedly atelectatic and dense, purple-tan parenchyma of the left lung. There is no localized consolidation or infarction. No parenchymal mass lesions or abscesses are present. The larynx, trachea, and bronchi are normally formed. The mucosal surfaces of the airways are unremarkable. There is no airway obstruction. The pulmonary arteries are normally formed and free of thromboemboli.

**GASTROINTESTINAL SYSTEM:** The esophagus is normally formed, patent and shows a smooth, pink-tan mucosa. The stomach is normally formed. It contains 175 cc of tan-brown semisolid gastric contents admixed with apparent noodle-like material. No ethanol-like odor is noted. The gastric mucosa is pink-tan and shows a typical rugal pattern. No localized erosion, ulceration, or mass lesion is evident. The duodenum, small intestine, appendix, and colon are grossly normal.

**PANCREAS:** The pancreas is normal in size and configuration. Sectioning reveals a uniform, tan, lobulated parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver weighs 1160 grams. It is normally formed. The capsule is thin, smooth, and shiny. The cut surface is firm, red-brown and displays a typical lobular pattern. No parenchymal mass lesion is noted. The gallbladder is normally formed. It is devoid of bile. There are no calculi. The gallbladder mucosa shows a typical finely reticulated appearance. The bile ducts are patent and of normal caliber.

**GENITOURINARY SYSTEM:** The right kidney weighs 150 grams. The left kidney weighs 140 grams. The kidneys are similar in appearance. The capsules strip with ease. The cortical surfaces are smooth, red-tan. Sectioning reveals a normal pattern of internal architecture. Corticomedullary demarcation is distinct. No cysts or mass lesions are present. The pelves and ureters are patent and are of normal caliber. The bladder is devoid of urine. The bladder mucosa is smooth, light pink-tan. The prostate and testes are unremarkable to inspection and palpation.

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**LYMPHORETICULAR SYSTEM:** The spleen weighs 110 grams. It is normally formed. The capsule is thin, smooth, and shiny. The cut surface is firm, red-purple and shows a typical follicular pattern without evidence of fibrosis or neoplasia. The thymus is atrophic. Lymph nodes throughout the body are small and inconspicuous.

**ENDOCRINE SYSTEM:** The thyroid is symmetrical and normally formed. Sectioning reveals a uniform, firm, red-brown, colloid parenchyma. The adrenals are grossly unremarkable. The pituitary is grossly unremarkable.

**SKELETAL SYSTEM:** There is no gross evidence of skeletal fracture or deformity with the exception of the rib fractures as previously described.

**HEAD:** Reflection of the scalp reveals no evidence of subgaleal hemorrhage. The skull is intact and normal in thickness. The dura is smooth and shiny. There is no dural neomembrane or sinus thrombosis. No subdural hemorrhage is present. Removal of the dura reveals no evidence of skull fracture.

The brain weighs 1470 grams. The leptomeninges are thin and transparent. There is no subarachnoid hemorrhage or exudate. The superficial blood vessels are fine and patent. The vessels at the base of the brain are free of atherosclerosis. The circle of Willis is normally formed. The cranial nerves are intact. The dorsal surface of the brain presents a symmetrical appearance with a normal convolitional pattern. There is no evidence of subfalcial herniation. The base of the brain shows no evidence of uncal or tonsillar herniation. The brainstem and cerebellum show the usual external configuration. There is no localized external softening or contusion of the brain.

Multiple coronal sections of the cerebrum and transverse sections of the cerebellum and brainstem show the usual pattern of internal architecture without focal mass lesions or hemorrhages. The ventricular system is of normal configuration and contains clear, colorless cerebrospinal fluid.

**ASSISTANTS:** Alejandro Maldonado.

**SPECIMENS FOR PATHOLOGY:** Representative sections of all major organs are retained.

**SPECIMENS FOR TOXICOLOGY:** Chest/abdominal blood, vitreous, gastric and liver.

**POSTMORTEM RADIOGRAPHS:** Postmortem radiographs are obtained.

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**PHOTOGRAPHS:** Photographs are by Garry Wilson.

**DIAGRAMS:** Diagrams are by Dr. Fajardo.

**MATERIALS FOR CRIME LAB:** Recovered projectiles.

**POLICE WITNESSES:** Tony Greer from Riverside Sheriff's, David Eichelt from RSO-CHU, and William Davies from Forensic's west.

**MICROSCOPIC DESCRIPTION:** Microscopic examination deferred.

*Mark A. Fajardo, MD*

Mark A. Fajardo, M.D.  
Forensic Pathologist

*7/12/06*

Date

MAF/cg  
MAF 7/12/06

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NAME OF DECEDENT: U06-136

CORONER FILE # 2006-04323

PATHOLOGIST: DR. Fajardo

DATE: 06/22/06

