

Medicolegal Investigations
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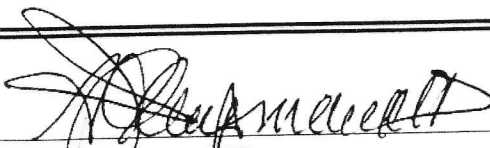
Report of Autopsy

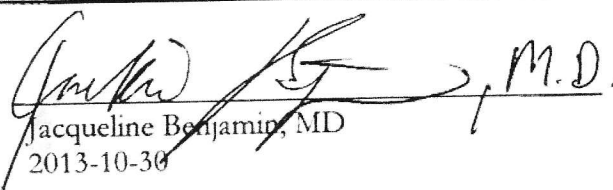
NAME:	LOPEZ, ANDY			CASE NO	13102601
AGE:	13	GENDER:	Male	RACE/ETHNICITY:	Hispanic
DATE OF BIRTH:	2000-06-20	DATE OF DEATH:	2013-10-22	HOUR OF DEATH:	15:27
HOUR AND DATE OF AUTOPSY:	11:10, 2013-10-26, Romano Windsor-Healdsburg Mortuary, Windsor, CA				

Findings

1. Gunshot wound to chest, penetrating, involving lungs, mediastinum, vertebral column, and left fourth rib..
2. Gunshot wound to left arm, superficial perforating
3. Gunshot wound to left wrist, penetrating.
4. Gunshot wound to right wrist, superficial, perforating.
5. Gunshot wound to right lateral buttock, penetrating, involving abdominal wall, liver, right 12th rib, and diaphragm.
6. Gunshot wound to right buttock, penetrating, involving soft tissues
7. Gunshot wound to lower back, penetrating, involving soft tissues.
8. Contusion, right lateral buttock.
9. Negligible scattered abrasions.
10. Body previously autopsied and embalmed.

Probable Cause of Death: Multiple gunshot wounds.


A. Jay Chapman, MD
2013-10-30


Jacqueline Benjamin, MD
2013-10-30

EXTERNAL EXAMINATION

WEIGHT:	Est. 140 lb	LENGTH:	63.5 in	HAIR:	Black, short
IRIDES:		PUPILS:	<i>O.D.</i> mm <i>O.S.</i> mm	ANOMALIES:	(Eyes not examined)
MUSTACHE:	None	BEARD:	None	CIRCUMCISION:	No
RIGOR MORTIS:	Embalmed	LIVOR MORTIS:	Embalmed with minimal posterior lividity		

(**Note:** *This autopsy is performed jointly by the two forensic pathologists whose signatures appear on this report.*)

The embalmed body, identified by Mr. Carmine Romano, is that of a young Hispanic male, unclothed, with sutured customary Y-shaped thoracoabdominal incision and sutured bitemporal scalp incision consistent with previous autopsy examination. Skin defects are present in multiple locations. Each of these has been very tightly sutured closed, and in several instances their nature is not evident upon initial examination. The sutured incisions and some other defects are covered with plastic film and/or fluffy cotton, characteristic of the embalming process.

Initially, each defect is diagrammed (see the four attached sheets) as to location, and they are further characterized as the postmortem sutures are removed.

The head is normocephalic and free from injuries, save a 0.25-inch minimal abrasion at the mid inferior orbit. Aside from the diagrammed defects the abdomen is scaphoid and free from other injuries. No tattoos are present anywhere on the body.

A fresh 2 x 1.5-inch contusion involves the lateral right buttock inferior to the iliac crest and just dorsal to the anterior superior iliac spine. Immediately inferior to this contusion is a slightly curvilinear 1.75-inch linear abrasion.

In approximately the posterior axillary line on the right immediately inferior to the rib cage is a diagonally oriented 1.25 linear abrasion.

On the proximal most aspect of the right leg on the posterior/posterolateral surface immediately inferior to the popliteal fossa is a 2.5 by up to approximately 0.5 inch focus of punctate abrasions.

A single punctate abrasion is present on the posterolateral aspect of the right mid thigh.

In the middle portion of the distal third of the posterior/posterolateral right thigh is a slight 0.25-inch abrasion.

A 7.25-inch postmortem incision is present in the intergluteal cleft beginning immediately superior to the anus and extending superiorly to the superior extent of the cleft and thence curving gently leftward. This incision cannot now be associated with any other injury, specifically with no gunfire injury. The depths of the incision lay bare a portion of the left ischial tuberosity, but there is no identifiable extravasated blood in the area.

Description of Gunfire Injuries

None of these injuries displays any secondary effects of gunfire: no tattooing and no stippling. The numbering of the gunfire injuries is for descriptive purposes only and is not intended to indicate order in which the wounds were inflicted or their severity.

Gunshot wound #1 (#1 on diagram) is located in the right anterior chest 16.5 inches from the plane of the top of the head and 1 5/8 inches right of the anterior midline left of the nipple. The skin perforation is 1/2 x 7/16 inch with a 3/16-inch superior abrasion cuff and a 1/16-in lateral and medial abrasion cuff.

This wound is directed dorsally at an angle of approximately 20° superiorly and approximately 50° to the left. It sequentially perforates the skin, the soft tissues of the third intercostal space, all three lobes of the right lung (inferior, middle and superior), the superior mediastinum, the left upper lobe of lung, and the left fourth rib approximately 5 cm left of the spinal column. No exit wound is present. A section of vertebral bodies has been removed in this area, and apparently the wound involved the body of one of these vertebrae at least superficially. There is an overlying incision (#8 on the diagram) from where, presumably, a projectile was recovered. Whether the aorta was perforated or not cannot be determined from the recovered (from the viscera bag) approximately 3-cm segment of the artery, but extravasated blood is present in the external layers of the artery near the great vessels, and the artery appears torn rather than cut. These findings are consistent with perforation or transection of the aorta by the projectile.

Gunshot wound #2 (#2 on diagram) is a superficial perforating wound of the lateral aspect of the mid left arm. The wound path is essentially in the horizontal plane and directed anterior to posterior. The wound is 6 inches inferior to the top of the shoulder and 15.5 inches inferior to the plane of the top of the head. The entry is 1 x 0.5 inch with a well-defined medial abrasion cuff. The exit, less than one inch distant dorsally, is 1/4 x 3/16 inch.

Gunshot wound #3 (#3 on diagram) is located on the lateral surface of the distal left forearm, approximately four inches proximal to the wrist. The entry of this penetrating wound is 1/2 x 3/8 inch, and it is associated with a palpable fracture of the distal left radius. The incision (diagrammed as #4) along the medial aspect of the left wrist and hand, is presumably an incision made to recover the projectile. The direction of this wound appears to be medial and inferior.

Gunshot wound #4 (#5 and #6 on diagram) is a perforating wound of the right wrist directed from medial to lateral in the coronal and horizontal planes with a 5/16 x 1/2 inch entry on the medial aspect of the right wrist and a simple 9/16 x 5/16 inch irregular laceration of the lateral aspect of the wrist. Bony involvement is not demonstrated.

Gunshot Wound #5 (#7 on diagram) is a penetrating wound with a 5/16 x 1/2 inch entry on the lateral right buttock, 30.25 inches inferior to the plane of the top of the head and, following the body contour, 7.25 inches right from the posterior midline. The abrasion cuff is skewed inferiorly. This wound is directed primarily superiorly to enter the abdominal cavity in the posterolateral abdominal wall and involve the liver and the lateral end of the twelfth rib, which is fractured. Extravasated blood is found in this region involving the diaphragm, which is not perforated, and is presumably the resting place of the projectile. The dorsolateral aspect of the right lobe of the liver is fragmented and pulped in an area up to approximately 10.3 cm. Hemorrhage is present beneath the capsule in the surrounding area.

Gunshot wound #6 (#11 on diagram) is a penetrating wound with a 1/4-inch entry in the lateral right buttock 32.5 inches from the plane of the top of the head and, following the contour of the body, 6.75 inches right of the posterior midline. The path of this wound cannot be definitively demonstrated, but a 5.75-inch postmortem incision of the posterolateral inferior buttock is adjacent to this wound, and extravasated blood is present in this area adjacent to the bone. These findings are consistent with a projectile having been recovered from this region.

Gunshot wound #7 (#10 on diagram) is in the inferior back 28.25 inches from the plane of the top of the head and 1.75 inches right of the posterior midline. The entry is 1/2 x 3/8 inch, and the wound path of contusive laceration is directed acutely superiorly and medially to terminate in the region of an incision (#9 on diagram), presumably made for recovery of the projectile, in the mid lower back, 24.25 inches inferior to the plane of the top of the head and 1/2 inch left of the posterior midline.

Internal Examination

The previous Y incision of the thorax and abdomen is reopened and reveals an abdominal panniculus of 23 mm. Hardening compound is abundant, and the viscera are contained within a plastic bag with preservative chemicals.

Serous Cavities

The internal organs have been removed and are contained within a bag, as noted above. These organs and tissues are examined with the following findings:

- The 225-gm **right lung** has a path of contusive laceration that involves all three lobes, and minimal dissection has been performed. The 187-gm **left lung** has a short path of contusive laceration involving the upper lobe. Incisions of the parenchyma are minimal. The pulmonary parenchyma is otherwise unremarkable.
- The **stomach** is empty and has only an approximately 3-cm incision into its wall. It was not otherwise opened. Further dissection reveals normal mucosa, pylorus, and proximal segment of duodenum.
- The 230-gm **heart** has been minimally dissected with cursory sectioning of the coronary arteries and opening of the organ in the customary dissection by flow of blood. A minimal hemorrhagic focus involves the right atrium in the atrioventricular region. No anomalies are identified with further dissection.
- The 109-gram **spleen** is intact, save for a single superficial incision through the mid portion. The parenchyma appears normal with visible Malpighian corpuscles.
- The gallbladder is previously opened and is unremarkable.
- The 1150-gm **liver** has minimal dissection with only three relatively superficial incisions of the right lobe. The dorsolateral aspect of the right lobe is involved by a gunshot wound, as noted above.
- The **trachea** has been opened at the larynx, but the esophagus is intact, except for sectioning of its superior extent. The thyroid appears normal, and only the right lobe is previously dissected.
- A fragment of **pancreas** is identified and appears normal.
- A segment of **aorta**, apparently part of the arch with apparent great vessel stubs, is recovered and has hemorrhagic external areas, but whether or not perforated cannot be determined.
- The **brain** has multiple incomplete sections that remain together. The cerebellum is hemisectioned, and the brainstem is sectioned sagittally.
- The **kidneys** have been hemi-sectioned, and the aggregate of the organ pieces is 159 gm. The **testes** are present within the scrotum.
- The **intestines** appear normal, and the **vermiform appendix** is present.

Skeletal System

Fractures and bony alterations associated with the gunshot wounds have been delineated. A section of the symphysis pubis is absent postmortem. There are no other demonstrable fractures. (Radiography is not available.)

The skull is reopened and is found intact, save for previous opening, with no anomalies demonstrated.

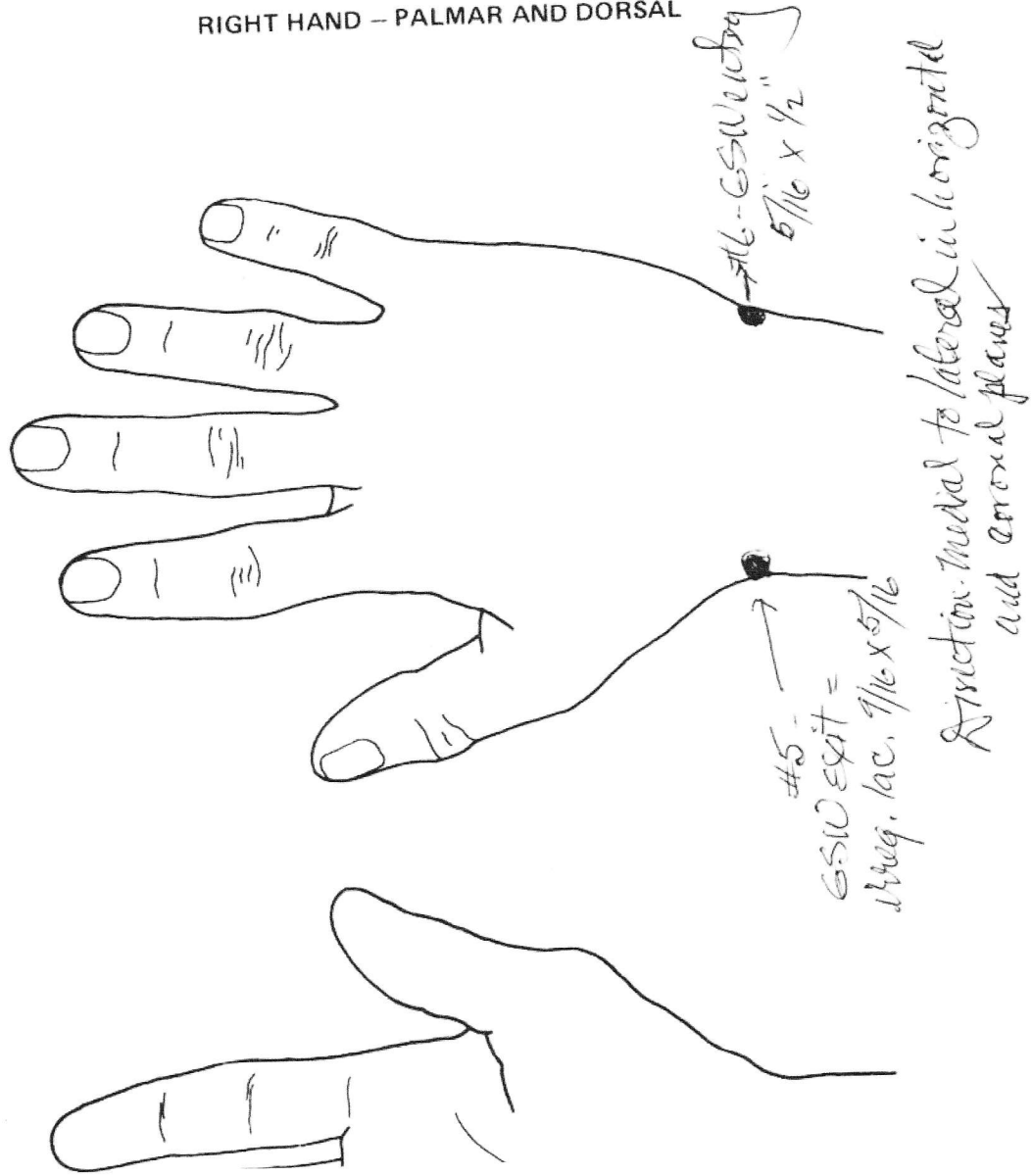
Person(s) Present

Mortuary owner, Carmine Romano.

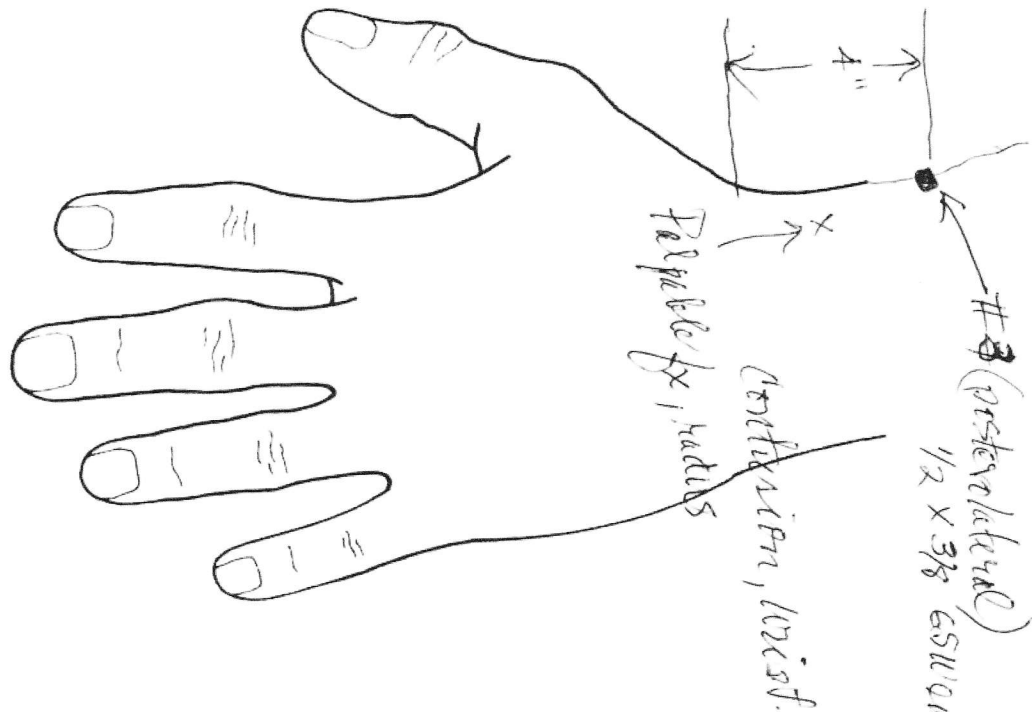
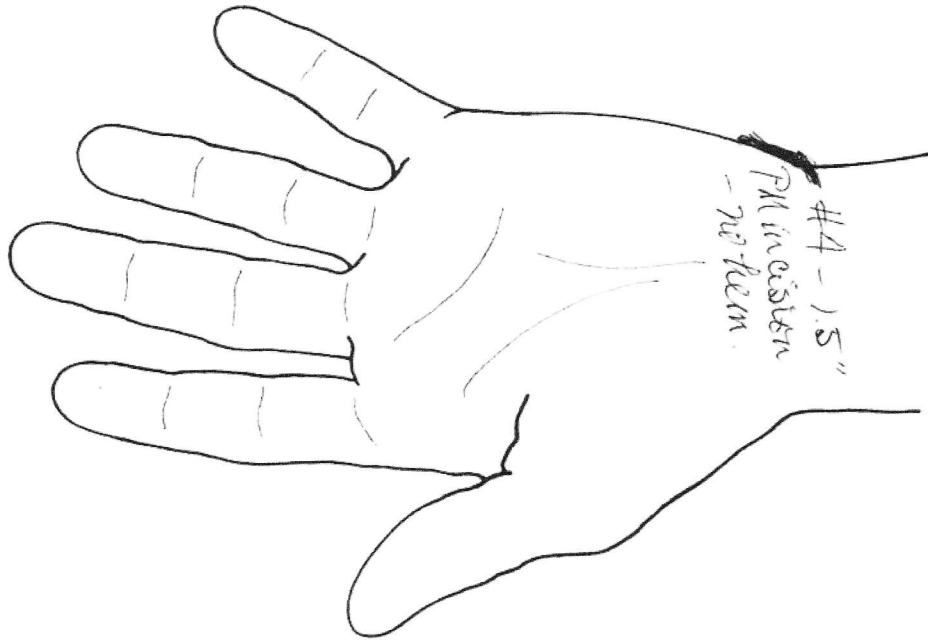
Procedures

Photography.
Tissues stored.

RIGHT HAND - PALMAR AND DORSAL



LEFT HAND - PALMAR AND DORSAL

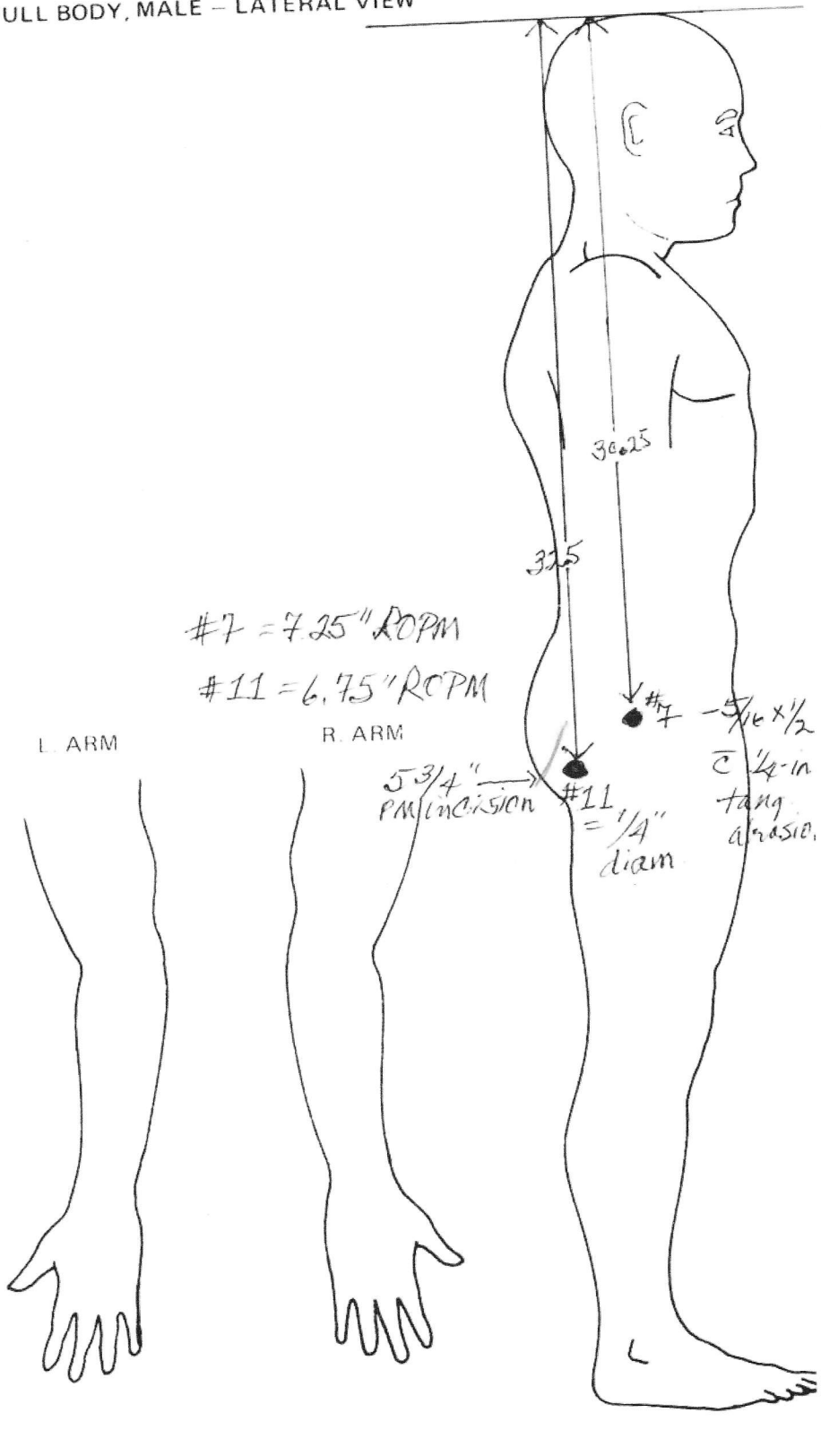
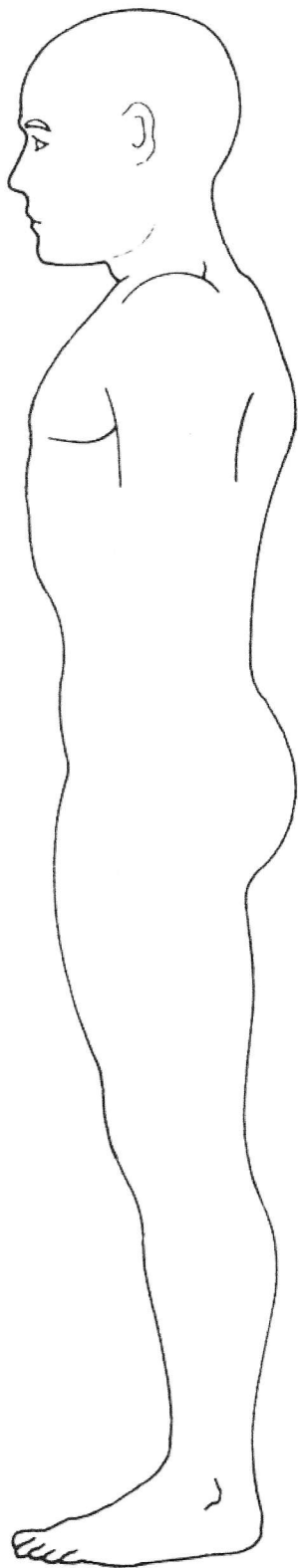


Name Lopez, Andy

Case No. 13102601

Date 2013-10-26

FULL BODY, MALE - LATERAL VIEW



#7 = 7.25" RCPM

#11 = 6.75" RCPM

L. ARM

R. ARM

5 3/4" PM incision

#7 = 5/16 x 1/2
#11 = 1/4" diam
2 1/4" in tang. arasio.

Name Andy Lopez

Case No. 13102601

Date 2013-10-26

Pay attention to GunShotWound#1 (#1 on diagram page 5) – enters body to right of right nipple passing through both lungs & top of heart – 4th upper left rear rib where bullet lodged.

Pay attention to GunShotWound#5 (#7 on diagram page 8) - travels horizontally into the body abdominal cavity hitting liver.

Pay attention to GunShotWound#6 (#11 on diagram page 8) – right pelvic area stops the bullet.

Pay attention to GunShotWound#7 (#10 on diagram Page 5) – enters right backside at waist at an angle travelling into body mass.

All four bullets were removed by the sheriff's coroner.

Think about the bullet's paths into Andy Lopez's torso. Visualize how GSW#1 enters the torso?

You determine if Andy Lopez was given time to respond to a questionable command from Deputy Gelhaus within 3 seconds? The barrage of 8 bullets stopped within 10 seconds (a burst of 3 followed by another burst of 5)!

You determine if excessive lethal force was applied?

You determine if Andy's constitutional rights were violated?

Good governance requires that we question, probe, initiate proposals for discussions and follow through on concerns regarding Law Enforcement.