



**SHERIFF-CORONER**  
COUNTY OF RIVERSIDE  
SHERIFF-CORONER STANLEY SNIFF, Sheriff-Coroner  
PUBLIC ADMINISTRATOR

JENNIFER PARK, D.O.  
Forensic Pathologist

2014 JAN 14 AM 10:19

**AUTOPSY PROTOCOL**

**NAME OF DECEDENT:** JIMENEZ, HECTOR

**FILE NUMBER:** 2013-08393

**FINAL DIAGNOSES:**

- I. Shotgun wound of left upper chest:
  - a) Soft tissue and muscle ecchymoses.
  - b) Left rib fracture.
  - c) Left pneumothorax.
  - d) Bean bag recovered within left third intercostal space, anterior to left lung.
  
- II. Four entrance-type gunshot wounds of top of left shoulder:
  - a) Bilateral lung lacerations.
  - b) Bilateral hemothoraces.
  - c) Lacerations of pericardial sac and heart.
  - d) Transection of thoracic aorta.
  - e) Lacerations of diaphragm and liver.
  - f) Laceration of right kidney.
  - g) Fracture of fourth thoracic vertebra.
  - h) Fracture of left humerus.
  - i) Soft tissue and muscle ecchymoses.
  - j) Projectiles recovered from: right lobe of liver, right lower back soft tissue, small bowel.
  
- III. Gunshot wound of left posterior neck:
  - a) Soft tissue and muscle ecchymoses.
  - b) No projectile recovered.
  
- IV. Gunshot wound of right anterior thigh:
  - a) Minimal to no soft tissue ecchymoses.
  - b) No projectile recovered.
  
- V. Gunshot wound of right proximal lower leg:
  - a) Fractures of right proximal tibia and fibula.
  - b) Soft tissue and muscle ecchymoses.
  - c) Projectile fragments recovered.

- VI. Gunshot wound of left upper back:
- a) Left rib fractures.
  - b) Laceration of left lung.
  - c) Laceration of left hemidiaphragm.
  - d) Soft tissue and muscle ecchymoses.
  - e) Projectile fragments recovered from left chest wall and below left hemidiaphragm.
- VII. Gunshot wound of right mid back:
- a) Fracture of tenth thoracic vertebra.
  - b) Subarachnoid hemorrhage of spinal cord.
  - c) Soft tissue and muscle ecchymoses.
  - d) Projectile recovered from within vertebral bone.
- VIII. Graze gunshot wound of occipital scalp.
- IX. Blunt force injuries.
- X. Cardiomegaly (440 grams).
- XI. Cirrhosis of liver.

**CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS**

"I hereby certify that I, Jennifer Park, D.O., Forensic Pathologist, have performed an autopsy on the body of Hector Jimenez, on September 17<sup>th</sup>, 2013, commencing at 9:40 a.m., at the Office of the Riverside County Sheriff-Coroner."

**ATTENDEES:**

Tim Ellis of Riverside P.D.  
Ron Sanfilippo of Riverside P.D.

**CLOTHING:**

Black T-shirt, blood soaked with defects  
Blue jeans with tan-pink cloth belt  
A pair of black boots, off body  
A pair of blood-stained, light blue socks, off body  
A pair of light blue pants, worn under jeans

**EXTERNAL EXAMINATION:**

The body is a well-developed, well-nourished, approximately 5 foot 10 inch and 220 pound white male who appears the reported age of 50 years. The decedent is received in a sealed body bag with a yellow seal number 77230 that is broken at 9:40 a.m. Within the bag is an original blue seal number 3652 that had been previously broken. The hands are not bagged and sealed. Fingernail clippings have been previously taken by Forensics. The decedent is identified by a Coroner's tag affixed to the right great toe labeled "Jimenez, Hector 2013-08393." A blue bracelet is around the right wrist labeled "Jimenez, Hector 2013-08393."

The body is well preserved and refrigerated. Marked rigor mortis is detected in the extremities. Pink-purple livor mortis is on the back.

The scalp has a full crop of up to 2 inches in length, straight brown and gray hair. Facial hair consists of a mustache and beard. Dead ants are on the body. The eyes have brown irides. The sclerae are nonicteric. The bulbar and palpebral conjunctivae have no petechiae. The nasal septum is intact. The oral mucosa and frenula are intact. The teeth appear natural and are in good condition. The earlobes have creases.

The neck is well formed and straight. The chest is symmetrical, and the abdomen is flat. A 4 inch irregular linear scar is on the right abdomen. A 7 x 3-1/2 inch area of irregular abrasions is on the right abdomen. Areas of slight skin hyperpigmentation are on the left chest. The external genitalia are those of a normal adult male. The penis does not appear circumcised. The testes are palpable in the scrotal sac. The back is straight and symmetric. The external anus is unremarkable.

The arms and legs are symmetric and normally developed. The fingernails are short, and the toenails are short to medium length.

An undecipherable tattoo is on the base of the right thumb.

**EVIDENCE OF INJURY:**

**GUNSHOT WOUND TO LEFT POSTERIOR NECK:**

An entrance-type gunshot wound is on the left posterior neck, designated "6," 8-3/4 inches to the left of the midline and 7 inches below the vertex of the head. It is a 1.8 x 0.5 centimeter irregular ovoid defect. No soot, stippling or muzzle imprint is associated with the gunshot wound.

The projectile passes through the soft tissues and muscles of the posterior neck and exits through gunshot wound designated "7," on the right lower neck, 4 inches to the right of the midline and 9-1/2 inches below the vertex of the head. It is a 2.1 x 2 centimeter irregular defect. A thin band of skin runs across the center of the wound. No soot or stippling is associated with the wound. A gray metal core fragment is embedded within the wound. The projectile fragment is recovered as evidence.

The wound path is associated with soft tissue and muscle ecchymoses.

The direction of the wound path, with the body in anatomical position, is left to right, slightly downward and slight back to front.

#### SHOTGUN WOUND TO LEFT UPPER CHEST:

An entrance-type gunshot wound is on the left upper chest, 10-1/2 inches below the vertex of the head and 3-1/2 inches to the left of the midline. It is a 3.6 x 2.2 centimeter irregular ovoid defect with an up to 1 centimeter margin of abrasion at one to six o'clock and up to 6 millimeter margin of abrasion at seven to twelve o'clock. No soot, stippling or muzzle imprint is associated with the wound.

The projectile passes through the soft tissues and muscles of the left upper chest, through the left third intercostal space, fractures the superior aspect of the left third rib anteriorly, and a bean bag, associated with law enforcement shotgun firearm, is recovered from the anterior aspect of the upper lobe of the left lung. The bean bag is pressing against the upper lobe of the left lung. The bean bag is up to 9 millimeters in greatest length. One end of the bean bag is spherical and the opposite ends consisting of loose strands of cloth.

The wound path is associated with soft tissue and muscle ecchymoses, fracture of the left third rib, and left pneumothorax.

The direction of the wound path, with the body in anatomic position, is slightly downward and front to back.

#### GUNSHOT WOUNDS TO TOP OF LEFT SHOULDER:

There are four entrance-type gunshot wounds of the top of the left shoulder designated "2," "3," "4," and "5." The wound paths of the gunshot wounds cross; therefore, the individual wound paths cannot be discerned.

Entrance-type gunshot wound designated "2" is on the lateral aspect of top of the left shoulder, 7-1/4 inches below the vertex of the head and 7-1/2 inches to the left of the midline. It is a 6 x 5 millimeter ovoid defect. No soot, stippling or muzzle imprint is associated with the wound.

Entrance-type gunshot wound designated "3" is on the top of the left shoulder, 5 inches to the left of the midline and 7-1/4 inches below the vertex of the head. It is a 5 x 5 millimeter ovoid defect. No soot, stippling or muzzle imprint is associated with the wound.

Entrance-type gunshot wound designated "4" is on the top of the left shoulder, 7-1/4 inches below the vertex of the head and 3-1/4 inches to the left of the midline. It is a 6 x 5 millimeter ovoid defect. No soot, stippling or muzzle imprint is associated with the wound.

Entrance-type gunshot wound designated "5" is on the top posterior left shoulder, 8 inches below the vertex of the head and 2-1/4 inches to the left of the midline. It is a 5 x 5 millimeter ovoid defect. No soot, stippling or muzzle imprint is associated with the wound.

The projectiles of gunshot wounds "2," "3," "4," and "5" pass through the soft tissues and muscles of the left shoulder area, fracture the left proximal humerus, lacerate the upper and lower lobes of the left lung, lacerate the pericardial sac, lacerate the left and right atria of the heart, transect the thoracic aorta at 2.3 centimeters distal to the origin of the left subclavian artery, fracture and pass through the fourth thoracic vertebra, pass through the upper, middle and lower lobes of the right lung, pass through the right hemidiaphragm, through the right kidney, and through the right lobe of the liver. Two separate gray metal cores and two separate copper-colored jackets are recovered from the top of the right lobe of the liver and one of the jackets is recovered just below the capsule of the right lobe of the liver. Another copper-colored jacketed gray metal core projectile is recovered from the right side of the abdomen within the small bowel. Another copper-colored jacketed gray metal core projectile is recovered within the soft tissues and muscles of the right lower back just lateral to the right twelfth rib.

The wound paths of gunshot wounds "2," "3," "4," and "5" are associated with lacerations of the left and right lungs, approximately 250 milliliters of blood in the left chest cavity, approximately 300 milliliters of blood in the right chest cavity, lacerations of the pericardial sac and heart, transection of the thoracic aorta, fracture of the left humerus, soft tissue and muscle ecchymoses, fracture of the fourth thoracic vertebra, lacerations of the diaphragm, lacerations of the liver, and lacerations of the right kidney.

The general direction of gunshot wounds "2," "3," "4," and "5," are left to right and downward.

GUNSHOT WOUND TO LEFT UPPER BACK:

An entrance-type gunshot wound is on the left upper back designated "11," 2-1/2 inches to the left of the midline and 12 inches below the vertex of the head. It is a 6 x 5 millimeter ovoid defect. No soot, stippling or muzzle imprint is associated with the wound.

The projectile passes through the soft tissues and muscles of the left upper back, through the left first and second intercostal spaces, fractures the left first and second ribs posteriorly, through the upper lobe of the left lung, and fragments. The copper jacket is recovered from the left fourth intercostal space laterally and fractures the left fourth rib. It is between the fourth rib and parietal pleura at that level. The gray metal core is recovered beneath the left hemidiaphragm.

The wound path is associated with left hemothorax, left rib fractures, laceration of the left lung, laceration of the left diaphragm, and soft tissue and muscle ecchymoses.

The direction of the wound path, with the body in anatomical position, is back to front and upward.

GUNSHOT WOUND TO RIGHT MID BACK:

An entrance-type gunshot wound is on the right mid back, designated "12," 20 inches below the vertex of the head and 1/2 inch to the right of the midline. It is a 5 x 5 millimeter ovoid defect. No soot, stippling or muzzle imprint is associated with the wound.

The projectile passes through the soft tissues and muscles of the right lower back, through the tenth thoracic vertebra, and embeds within the vertebral body. The projectile consists of a deformed and separated copper jacket and gray metal core.

The wound path is associated with soft tissue and muscle ecchymoses, subarachnoid hemorrhage of the thoracic spinal cord at the left of the tenth thoracic vertebra, and fractures of the tenth thoracic vertebra.

The direction of the wound path, with the body in anatomical position, is back to front.

GUNSHOT WOUND TO RIGHT ANTERIOR THIGH:

An entrance-type gunshot wound is on the right anterior thigh, designated "8," 24 inches above the right heel. It is a 1.5 x 0.6 centimeter irregular ovoid defect with an up to 7 millimeter margin of abrasion at nine to twelve o'clock. Irregular punctate abrasions, up to 2 millimeters, are at twelve to three o'clock. No soot or muzzle imprint is associated with the wound.

The projectile passes through the soft tissues and muscles of the right anterior thigh and exits through gunshot wound designated "13" on the posterior thigh, 24 inches above the right heel. It is a 3.7 x 2.2 centimeter irregular defect. No soot or stippling is associated with the wound. A 4-1/2 x 3 inch blue-green ecchymoses surrounds the wound. The wound track has no soft tissue ecchymosis. No projectile fragments are recovered. The wound track most likely represents a ricochet that passes through the wound track.

#### GUNSHOT WOUND OF RIGHT PROXIMAL LOWER LEG:

An entrance-type gunshot wound is on the proximal right lower leg designated "9," 15 inches above the right heel. It is a 1.5 x 0.5 centimeter irregular ovoid defect. An up to 6 millimeter margin of abrasion is at one to two o'clock. No soot, stippling or muzzle imprint is associated with the wound.

The projectile passes through the soft tissues and muscles of the right lower leg, fractures the proximal aspect of the right tibia and fibula, and part of the projectile exits through gunshot wound designated "10," 14 inches above the right heel. The exit wound is a 2.6 x 1.9 centimeter irregular defect with no soot or stippling. Between the two wounds is a 3-1/4 x 1 inch red-purple ecchymosis. Copper jacket and gray metal core fragments are recovered within the bone fragments of the proximal right tibia and fibula.

The wound path is associated with soft tissue and muscle ecchymoses and fractures of the right tibia and fibula.

The direction of the wound path, with the body in anatomical position, is downward, left to right, and slight front to back.

#### GRAZE-TYPE GUNSHOT WOUND OF OCCIPITAL SCALP:

A graze-type gunshot wound is on the mid occipital scalp, centered 3 inches below the vertex of the head and on the midline. It is an 8 x 5 x 3.8 centimeter irregular defect. The pointed ends of the skin tags point cephalad. To the right and lateral of the middle of the wound is a 1/4 inch irregular laceration. No soot or stippling is associated with the wound. The underlying soft tissues have ecchymoses. The underlying skull is intact. The direction of the wound path, with the body in anatomical position, is downward.

**OTHER INJURIES:**

A 1.6 x 1.0 centimeter laceration with 8 millimeter circumferential margin of abrasion is on the mid upper forehead. A 1/4 inch abrasion is on the mid left upper forehead. A 2.2 x 1.1 centimeter irregular stellate defect is on the left forehead with surrounding 3.5 x 3.1 centimeter abrasion. It is 2-1/8 inches below the vertex of the head and 1 inch to the left of the midline. The underlying soft tissue has up to 3.5 centimeter in greatest dimension subgaleal ecchymosis. A 1/4 inch abrasion is above the left eyebrow. A 1-1/2 x 3/4 inch area of irregular abrasions is on the lateral right forehead. A 1/2 x 1/2 inch area of superficial abrasions is on the left cheek. A 1 x 3/4 inch area of red ecchymoses and 1/8 inch abrasion is on the lateral aspect of the left lower lip. Superficial abrasions, up to 1/8 inch, are on the right cheek. A 1/2 inch superficial linear horizontal abrasion is below the chin on the upper anterior mid neck.

A 2 x 1 inch green-yellow ecchymosis is on the left lower back. Superficial abrasions up to 1/2 inch are on the right lower back. Irregular elliptical abrasions, up to 4.8 x 0.6 centimeters extending into superficial dermis with minimal soft tissue ecchymoses, are on the right upper back, 8 inches below the vertex of the head.

Red ecchymoses, up to 1/4 inch, are on the proximal ventral left forearm. A 2 inch linear horizontal superficial abrasion is on the ventral left wrist. A 2 x 2 inch purple ecchymosis is on the dorsum of the left hand. Purple ecchymoses, up to 2-1/4 inches, are on the ventral right forearm. A 2-1/2 x 1 inch purple ecchymosis is on the dorsal right hand.

Irregular abrasions, ranging from 1/8 inch to 1-1/2 inches, are on the left knee. A 1/2 x 1/4 inch scab wound and 3 x 2-1/2 inch red ecchymosis is on the lateral aspect of the left thigh. The underlying soft tissues have ecchymoses. A 2 x 1-1/2 inch area of irregular abrasions and a 5 x 1-1/2 inch purple-blue ecchymosis are on the posterior mid left thigh. The underlying soft tissues have ecchymoses.

**INTERNAL EXAMINATION:**

Injury of the anterior chest wall is as previously described. The body cavities have no adhesions. Bilateral hemothoraces is as previously described. The musculoskeletal system is well developed. The muscles have a normal color and consistency.

The anterior neck strap muscles and soft tissues have no injury. The hyoid bone and thyroid cartilage are intact. The thyroid gland is of average size and shape and has a tan, lobulated parenchyma. The larynx and trachea are lined by intact and congested mucosa. The tongue has no injury.



The reflected scalp has injury as previously described. The calvarium and skull base are intact. The dura mater and falx cerebri are intact. The epidural and subdural spaces are free of extravasated blood. The leptomeninges are thin, congested, and transparent. The brain is 1420 grams. Subarachnoid hemorrhage is on the left occipital and right parietal temporal lobes of the brain, and also basilar. The cerebral and cerebellar hemispheres are symmetric. The cerebral gyri and sulci are normal. The cingulate gyri, unci, and cerebellar tonsils are not herniated. The cerebral cortex has no contusion. The mammillary bodies and the cranial nerve roots are well formed and symmetric. The blood vessels on the base of the brain, including the circle of Willis, are well formed and patent. The pituitary gland is grossly normal.

The gray-white matter demarcations are distinct. The gray matter is tan and uniform. The subjacent white matter has no cystic, hemorrhagic, or mass lesions. The central nuclei are well formed and symmetric. The hippocampi are normally formed. The ventricles are normal in size. The corpus callosum is well formed and intact. The cerebellum, midbrain, pons, and medulla oblongata have no gross parenchymal abnormalities. The substantia nigra is gray-tan.

The heart is 440 grams. Injury of the heart and pericardial sac is as previously described. The epicardial surfaces are smooth and have increased fat. The coronary arteries arise normally from the aortic root, and their ostia are patent. The coronary arteries are distributed normally and have minimal atherosclerosis. The left free ventricular wall, the interventricular septum, and the right ventricular wall are 0.7, 0.8 and 0.2 centimeter, respectively. The atria are not dilated, and the atrial septum is intact. The heart chambers are unremarkable. The endocardial surfaces are smooth. The tricuspid, mitral, pulmonic, and aortic valve circumferences are 9.7, 6.1, 10.5, and 6.8 centimeters, respectively. The valves are normally formed and have no fusion, vegetations, or fenestrations. The chordae tendineae are intact and not thickened. Injury of the aorta is as previously described. The endothelial surfaces are yellow and have slight atherosclerosis. The pulmonary vasculature is well formed and patent.

The right and left lungs are 350 and 370 grams, respectively. Injury of the lungs is as previously described. The pleural surfaces are pink-red anteriorly and posteriorly and have minimal anthracotic mottling. The left lung is collapsed. The parenchyma is red to dark red-purple, moderately congested, and has no focal lesions. The pulmonary vessels and bronchi are normally formed and patent. The hilar lymph nodes are normal.

The liver is 1470 grams. Injury of the liver is as previously described. The liver is cirrhotic. The parenchyma is tan-yellow, firm, and has no focal lesions. The vessels of the porta hepatis are normal. The gallbladder contains tan-green viscous bile and no calculi. The biliary tree is patent.

The esophagus is lined by intact, tan mucosa. The stomach contains approximately 100 milliliters of tan fluid and small pieces of food. The gastric mucosa is intact, tan, and has slightly decreased rugal folds. The duodenum has an intact mucosa. The rest of the small bowel and colon have no obstruction, perforation, or masses. The rectum is normal and contains soft, tan stool. The vermiform appendix is normal.

The spleen is 210 grams. It has a finely wrinkled, purple-gray, and intact capsule. The parenchyma is dark red-purple and congested.

The pancreas is normal in size and has a tan, lobulated parenchyma. The adrenal glands are normal in size and have bright yellow cortices and soft, brown medullae.

The right and left kidneys are 200 and 180 grams, respectively. Injury of the right kidney is as previously described. The cortical surfaces are smooth. The cortices are up to 6 millimeters. The renal vessels are patent. The parenchyma is pale tan and has well-defined corticomedullary junctions. The calyces and ureters are not dilated and drain normally. The urinary bladder contains 10 milliliters of yellow urine and has an intact mucosa.

The testes have no ecchymoses or masses. The prostate gland is pale tan and not enlarged. The seminal vesicles are normal.

**SPECIMENS FOR PATHOLOGY:**

Representative sections of all major organs are retained.

**SPECIMENS FOR TOXICOLOGY:**

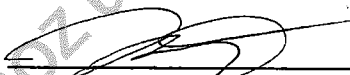
Peripheral blood, vitreous, gastric, liver, brain, bile, and urine.

**RADIOLOGY:**

Full body X-rays are taken.

**PHOTOGRAPHY:**

Photographs are obtained by Forensic Technician Travis Conrad.

  
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Jennifer H. Park, D.O.  
Forensic Pathologist

  
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Date

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JHP January 9, 2014