



SHERIFF-CORONER

COUNTY OF RIVERSIDE
PUBLIC ADMINISTRATOR STANLEY SNIFF, Sheriff-Coroner

2018 DEC 14 AM 8:40

JOLIE R. RODRIGUEZ, M.D.
Forensic Pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: LEVARIO, JR., ARTHUR CASE NUMBER: 2018-08865

FINAL DIAGNOSES:

- I. Multiple gunshot wounds:
 - A. Multiple defects of left side of head, neck and upper shoulder:
 1. Gaping defect of left neck, associated with multiple skull fractures and transected brainstem.
 2. Multiple small projectile fragments retrieved from left side of body.
- II. Multiple postmortem superficial abrasions, left lateral chest and abdomen.
- III. Abnormal pulmonic valve cusps and dilated right ventricle.

CAUSE OF DEATH: GUNSHOT WOUND OF LEFT NECK

"I hereby certify that I, Jolie Rodriguez, M.D., have performed an autopsy on the body of Arthur Levario, Jr. on July 23rd, 2018 commencing at 11:15 a.m. at the Perris Office of the Riverside County Sheriff-Coroner."

Also in attendance are Jacquelyn Greer and Karla Corbett, both with Riverside Police Department.

EVIDENCE COLLECTED:

Blood, buccal swabs, projectile fragments.

EXTERNAL EXAMINATION:

The body is a normally-developed, adequately nourished, 198 pound, 5 foot 10 inch male with a given age of 45 years.

The scalp has shaved hair. Brown facial hair is over the upper lip and chin. The irides are brown. The corneas are clear. The conjunctivae are pale without petechiae. The sclerae are white. The external auditory canals, external nares and oral cavity are free of lesions and foreign material. The teeth are natural. The tongue is free of contusions or lacerations. The frenula are intact.

The neck and chest are symmetrical, and free of scars and masses.

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The abdomen is obese. The posterior torso is symmetrical.

The external genitalia are those of a normal, adult, circumcised male. The external anus has no abnormalities.

The fingernails are previously collected. The extremities are symmetric.

A semilunar dark-ink tattoo is across the anterior midline, at the base of the neck. A 15 centimeter vertical scar is over the right bicep. Multiple pale, linear scars are noted over the occipital scalp and posterior neck.

EVIDENCE OF INJURY

MULTIPLE GUNSHOT INJURIES

On the back of the left side of the head, approximately 18 centimeters below the top of the head and 6 centimeters to the left of the posterior midline, is a 1.7 x 1.2 centimeter irregular gunshot wound. There is a small amount of pseudostippling surrounding the wound, up to 2.0 centimeters in width. Also on the left side of the back of the head, approximately 13 centimeters below the top of the head and 4 centimeters to the left of the posterior midline, is a 6.0 x 5.0 centimeter area with multiple superficial abrasions and/or penetrating injuries.

On the left temple is a 1.0 x 0.5 centimeter circular defect, approximately 9.5 centimeters below the top of the head and 11 centimeters to the left of the anterior midline. Adjacent to this defect, approximately 7 centimeters below the top of the head and 8 centimeters to the left of the anterior midline, is a 9 x 2 millimeter scalp defect.

On the left shoulder is a 1.3 x 1.0 centimeter defect, located approximately 25 centimeters below the top of the head and 9 centimeters to the left of the posterior midline. Adjacent to this defect, located at approximately 27 centimeters below the top of the head and 7 centimeters to the left of the posterior midline, is a small embedded projectile fragment.

The gunshot wound to the back of the left side of the head continues into the left side of the neck and extends to the left side of the foramen magnum. Multiple basilar skull fractures and a large amount of right cerebral subarachnoid hemorrhage is associated with this defect. The brainstem is severed. The other grossly described defects are confined to the skin or subcutaneous tissue; there are no bony defects of the calvarium, and the right and left hemispheres and cerebellum remain intact. There is red-purple discoloration of the right lower eyelid. There are no collections of blood in the pericardial, pleural or abdominal cavities. Multiple small projectile fragments are retrieved from the left side of the head and upper body.

The general direction of the path of the wounds is left to right.

OTHER INJURIES

Multiple yellow-red, dry abrasions are contained within a 13 x 13 centimeter area of the left lateral chest and upper abdomen. A similar, yellow, dry abrasion is over the anterior left shoulder. There is red-purple contusion over the left palm, at the base of the thumb.

INTERNAL EXAMINATION

There are no congenital abnormalities of the anterior chest or abdominal walls. The ribs, sternum and clavicles are intact. There are no fractures or deformities of the spine or pelvis. The right shoulder is dislocated to palpation. All body organs are in their normal anatomic position. The mesothelial surfaces are smooth and glistening. There are no abnormal adhesions or collections of fluid in the body cavities. Postmortem imaging indicates orthopedic hardware in the right humerus; the right shoulder appears dislocated.

The heart is 400 grams and has a normal amount of epicardial fat. The coronary arteries are free of atherosclerosis. The right coronary artery is dominant. The ventricular myocardium is red-brown and homogenous. The right ventricle is dilated. The cusps of the pulmonic valve appear redundant. The remainder of the valves are thin, pliable and normally formed. The aorta has an elastic, tan intima and is free of atherosclerosis.

The right and left lungs are of usual lobation and are 580 grams and 500 grams, respectively. The pleural surfaces are smooth and glistening. There is no evidence of infection or tumor. The pulmonary vessels and airways are unobstructed. The pulmonary parenchyma is maroon and spongy and has scattered foci of aspirated blood.

The liver is 1550 grams. An intact capsule covers yellow-brown, greasy, homogeneous parenchyma. The extrahepatic and intrahepatic vessels are patent. The gallbladder appears white and has tan mucosa and clear bile. A yellow-brown, smooth, oval gallstone is impacted at the proximal gallbladder. No other stones are identified.

The pancreas is in its usual location and is composed of normally lobulated, tan, mildly autolytic parenchyma.

The kidneys are of similar size and shape. The right kidney is 140 grams and the left kidney is 130 grams. The renal surfaces are smooth. The red-brown parenchyma has well-defined corticomedullary junctions. The ureters and renal arteries and veins are patent. The urinary bladder mucosa is white and homogenous. The bladder contains clear, yellow urine. The prostate gland is tan, homogenous and normal. The testes are scrotal, tan and homogenous.

The spleen is 110 grams. An intact capsule covers purple, homogeneous parenchyma.

The esophagus, stomach and small and large intestines have no evidence of natural disease or trauma. The stomach contains 20 cc brown liquid. The vermiform appendix is normal.

There is no soft tissue hemorrhage within the strap muscles of the neck. The hyoid bone and thyroid cartilages are intact. The larynx and trachea are of average caliber. The vocal cords have no abnormalities. The tongue is atraumatic. Parathyroid glands and cervical lymph nodes are inconspicuous.

The thyroid gland has homogenous, pale brown parenchyma. The adrenal glands have a normal cortex and medulla.

The uninjured calvarium has no abnormalities. The brain is 1250 grams. The cerebral hemispheres, cerebellum and brainstem are normally formed. The cerebral parenchyma is without evidence of infection, tumor or intraparenchymal hemorrhage. The uninjured basilar skull is unremarkable.

TOXICOLOGY

Blood (heart), bile, urine, gastric contents, brain, liver and vitreous were obtained for toxicology studies. Please refer to Toxicology report for results.

PATHOLOGY/HISTOLOGY

Portions of all major organs are retained for stock.

PHOTOGRAPHS/RADIOGRAPHS

Photographs were taken by Forensic Technician Cori Kopitzke. Full body postmortem radiographs were obtained.

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12/13/2018
Date

JR/jam
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