Office of Chief Medical Examiner
Tarrant County Medical Examiner's District
Tarrant County, Texas
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AUTOPSY REPORT

NAME: Christian James TAYLOR
CASE NO: 1511026
Age: 19 years
Sex: Male
Height: 72 inches
Weight: 179.2 pounds

We, the undersigned, hereby certify that pursuant to Article 49.25 of Code of Criminal Procedure, State of Texas, a complete autopsy was performed on the body of CHRISTIAN JAMES TAYLOR at the Tarrant County Medical Examiner's District Morgue in Fort Worth, Texas on the eighth day of August 2015, beginning at 1200 hours, and upon investigation of the essential facts concerning the circumstances of the death and history of the case as known to me at this time, I am of the opinion that the findings, cause and manner of death are as follows:

FINDINGS:

I. **Investigative findings**:

A. Decedent reportedly shot multiple times by a police officer at car dealership on 08-07-2015 during an alarm call:

1. Surveillance video records decedent pulling up at the car dealership in a Jeep Grand Cherokee at 0052 hours, climbing the locked gate, punching driver's side window of a parked Ford Mustang multiple times, then sitting on the hood of Ford Mustang and stomping the windshield multiple times and later entering the car through the broken windshield, and finally exiting the car through the driver's door.
2. Arlington Police first unit arrives at 0110 hours.
3. Surveillance video records decedent exiting the car dealership lot at 0112 hours through the front gate, climbing into his Jeep Grand Cherokee and driving through the locked dealership gates.
4. Surveillance video records the decedent entering the showroom building and is noted by the police officers to be in the showroom building at 0117 hours.
5. Two officers confront the decedent in the showroom. One officer deploys his Taser with one dart striking his left chest. The other officer discharges his firearm striking the decedent multiple times. Shots were fired in the showroom building at 0120 hours.

FINDINGS (Continued):

6. EMS requested at 0120 hours and were by the patient's side by 0127 hours. The decedent was non-responsive with no carotid or radial pulse. Pronounced dead at the scene at 0147 hours.

B. Medical history: None.

C. Firearm at scene:
   1. Make/Type: Glock semiautomatic handgun.
   2. Caliber: 9-mm.
   3. Ammunition: Luger 9-mm hollow point stamped "P P"

II. **Postmortem findings**:

A. Penetrating gunshot wound of neck with:
   1. Wound of Entrance: Right anterior neck (GSW # A)
   2. Range: Indeterminate – bullet passed through an intermediate target.
   3. Path of the Bullet: Front-to-back, right-to-left and downwards.
   4. Wound of Exit: None.
   5. Bullet Recovered: Large caliber jacketed deformed bullet from the left mid-back adjacent to left posterior 4^{th} and 5^{th} ribs.
   6. Injuries:
      a) Laceration of right sternocleidomastoid and strap muscles with soft tissue hemorrhage.
      b) Transaction of right internal jugular vein.
      c) Entrance into the right chest cavity through the thoracic inlet.
      d) Contusion of right upper pulmonary lobe.
      e) Fractures of bodies of thoracic vertebrae including T_3 and T_4 with epidural hemorrhage and without spinal cord laceration.
      f) Fractures of left posterior 4^{th} and 5^{th} ribs at the costo-vertebral junction.
      g) Dissection of blood from the neck into the right chest cavity with right hemothorax (1100 mL).

B. Penetrating gunshot wound of torso with:
   1. Wound of Entrance: Left anterior mid-chest along the sternal border (GSW # B).
   2. Range: Absence of visible soot, gunpowder or a muzzle imprint – bullet passed through an intermediate target.
   3. Path of the Bullet: Front-to-back, laterally and downwards.

FINDINGS (Continued):

4. Wound of Exit: None.
5. Bullet Recovered: Large caliber jacketed deformed bullet from the soft tissues of left mid-back adjacent to left posterior 11th rib.
6. Injuries:
    a) Entry into the thoracic cavity through the 4th left anterior intercostal space and left sternal border with exit through the 11th left posterior rib and the underlying intercostal space.
    b) Perforation of pericardial sac, right cardiac ventricle and left cardiac ventricle.
    c) Laceration of left lower pulmonary lobe with infiltrating hemorrhage.
    d) Hemopericardium, hemomediastinum and left hemothorax (1100 mL).

C. Penetrating gunshot wound of abdomen with:
1. Wound of Entrance: Left mid-abdomen (GSW # C)
2. Range: Indeterminate – with absence of soot, powder or muzzle imprint.
3. Path of the Bullet: Front-to-back, right-to-left and downwards.
4. Wound of Exit: Left lower back.
5. Bullet Recovered: None.
6. Injuries:
    a) Penetrating wound of left upper abdominal wall with soft tissue hemorrhage.
    b) Perforation of stomach.
    c) Laceration of the medial border of left hepatic lobe.
    d) Superficial grazing laceration of lower pole of left kidney.
    e) Minimal hemoperitoneum.

D. Penetrating gunshot wound of left upper extremity with:
1. Wound of Entrance: Left dorsal forearm (GSW # D)
2. Range: Indeterminate – with absence of soot, powder or muzzle imprint.
3. Path of the Bullet: Back-to-front, medially and distally.
4. Wound of Exit: Left medial forearm.
5. Bullet Recovered: None.

FINDINGS (Continued):

6. Injuries:
    a) Fracture of the left radius.
    b) Soft tissue hemorrhage.

E. Penetrating gunshot wound of right upper extremity with:
1. Wound of Entrance: Right dorsal hand (GSW # E)
2. Range: Indeterminate – with absence of soot, powder or muzzle imprint.
3. Path of the Bullet: Dorsal-to-palmer surface and proximally.
4. Wound of Exit: Left medial wrist.
5. Bullet Recovered: None.
6. Injuries: Soft tissue laceration with hemorrhage.

F. Penetrating gunshot wound of left upper extremity with:
1. Wound of Entrance: Palmer surface of terminal digit of left index finger (GSW # F)
2. Range: Indeterminate with evidence of bullet passing through intermediate target.
3. Path of the Bullet: Palmer-to-dorsal.
4. Wound of Exit: Left dorsal surface of terminal digit of left index finger.
5. Recovered: Small metal and plastic intermediate target debris.
6. Injuries:
    a) Comminuted fracture of the distal phalange of left index finger.
    b) Soft tissue laceration with hemorrhage.

G. Cutaneous injuries:
1. Single puncture wound of left chest due to deployment of Taser.
2. Two small superficial lacerations of left index and middle fingers.
3. Focal superficial non-patterned abrasion of left chest.

H. Visible gunpowder residue on hands and or wrists: None

I. High velocity blood back spatter on hands and or wrists: None

J. Postmortem toxicology with femoral blood:
1. Ethanol: Negative.
2. 25iNBOMe = 0.76 ng/mL.
3. 25h-NBOMe: Negative.
4. Tetrahydrocannabinol (THC) = 3.1 ng/mL.
5. Chest blood and urine drugs of abuse screen: Negative.

COMMENT:

Mr. Christian James Taylor was shot four times during law enforcement intervention. Autopsy revealed presence of three entry gunshot wounds, one each of the right anterior neck, left mid-chest and left upper abdomen. Gunshot wounds of right anterior neck and left mid-chest demonstrate characteristics which suggest that they are re-entry wounds. There were three additional gunshot wounds of the upper extremities. Based on the locations of the entry wounds and the trajectories within the body, the decedent's extremities appear to have been positioned in front of the body and all of the bullets appear to have been fired from in front of him.

The deployment of Taser was ineffectual since only one prong struck the left chest of Mr. Taylor.

There is no evidence to suggest physical assault. In particular, there is no evidence of blunt force trauma of head, torso or extremities. There is no evidence to suggest that a neck restraint was applied.

Postmortem toxicology revealed presence of Tetrahydrocannabinol (THC) with blood concentration of 3.1 ng/mL, consistent with recent use. Additionally, toxicology studies also detected presence of 25iNBOMe with a blood concentration of 0.76 ng/mL.

{2-(4-iodo-2,5-dimethoxyphenyl)-*N*-[(2-methoxyphenyl)methyl]ethanamine} or NBOMe's, are a type of synthetic psychedelic drug (class "2C" designer drug) known to cause distorted perceptions, agitation and hallucinations, and have been associated with random and bizarre behavior in users. Though known to be potent serotonin 5-HT2A receptor agonists, similar to lysergic acid diethylamide (LSD), information of the pharmacologic characterization of these compounds is limited. Furthermore, the literature is silent about postmortem toxic or lethal levels.

RF 1511026
Christian James TAYLOR

CAUSE OF DEATH: GUNSHOT WOUNDS OF NECK CHEST AND ABDOMEN

MANNER OF DEATH: HOMICIDE

Signature
Richard C. Fries, D.O.
Deputy Medical Examiner

Signature
Nizam Peerwani, M.D.
Chief Medical Examiner

Signature
Marc A. Krouse, M.D.
Chief Deputy Medical Examiner

Signature
Susan Roe, M.D.
Deputy Medical Examiner

Tasha Z. Greenberg, M.D.
Deputy Medical Examiner

GROSS ANATOMIC DESCRIPTION

I. CLOTHING AND PERSONAL EFFECTS: The body is presented to the Morgue wrapped in a white sheet, secured in a blue body bag and clad in:

1. Blue short-sleeved T-short with design.
2. Gray shorts.
3. Blue plaid boxers.
4. Pair of white socks.
5. Pair of black slippers.

Present also are a bilateral ankles weights, a black rubber bracelet around right wrist, a blue rubber ring around right ring finger, a yellow metal watch around left wrist, a black bead necklace with pendant and yellow metal ear-rings.

Trace examination is performed prior to the autopsy.

II. THERAPEUTIC INTERVENTION: None.

Hands are bagged in paper sacks.

III. EXTERNAL BODY DESCRIPTION

Body length: 72 inches.
Body weight: 179.2 pounds.

The decedent is a normally developed, young adult African-American male with the stated age of 19 years. The unembalmed body is identified by an ankle bracelet. Body presents large, muscular build with good nutrition, normal hydration and good preservation. There is moderate rigor with developed but poorly distinguishable lividity of normal color. Body is cold to touch post refrigeration.

The decedent is normocephalic without apparent trauma about the face or scalp. The bones of the forehead, nose, cheeks, and jaw are intact to palpation. Head is covered by short, curly, black hair with portions dyed blonde and measures up to 1-1/2 inches. Slightly receding anterior hairline is noted without balding. Face is cyanotic and shaven with black goatee and a faint mustache. There is average

body hair. Eyes are closed with clear bulbar and palpebral conjunctivae and without tache noire. Cataracts are not identified. Arcus senilis are absent. Bulbar conjunctival edema is absent. There are no bulbar or palpebral conjunctival petechiae noted. Irides are brown with white sclerae. Pupils are equal at 4 mm. Orbits appear normal. The ears are well-formed and symmetrical and the external auditory canals are without discharge. The nose is well-formed and symmetrical. The external nares are patent and without hemorrhage or discharge. The lips are intact. The mouth contains a small amount of seromucous secretion without obstructing materials or lesions. Oral cavity presents natural teeth with good oral hygiene characterized by absence of caries. There are no muxosal injuries of the lips noted. Frenuli are intact. The buccal mucosa is pink and shows no signs of trauma.

The neck is symmetrical with presence of gunshot wound. There is no palpable crepitus or hypermobility. The trachea is palpably straight and in the midline. The chest is symmetrical and with palpable crepitus and without bony deformity. A gunshot wound of left mid-chest along the sternal border is present. The male breasts are small and soft without palpable masses, skin retraction, or nipple discharge. The abdomen appears flat and soft without palpable evidence of organomegaly or external trauma. A gunshot wound of left abdomen is present. Upper and lower extremities are equal and symmetrical presenting cyanotic nailbeds without clubbing. Edema is absent. There are multiple gunshot wounds of the upper extremities noted. There are no deformities or amputations present. The soles of the feet are soft and without calluses. There is no palpable cervical, axillary, or inguinal lymphadenopathy. The posterior trunk shows a symmetrical external contour and the spine appears straight. Exit gunshot wound of back is present. The anus is closed and atraumatic. The skin shows no irregularity. External genitalia present descended testicles with circumcised penis.

SCARS: Scar along right medial measuring 1-1/2 inches by ½ inch along with healing abrasion of left anterior leg with scab measuring 1-1/2 inches by 1-1/4 inch.

TATTOOS: Multiple including:
1. Isaiah 54:17 along right chest.
2. An angel along left chest.
3. Timothy 1:7 along left abdomen
4. A design with cross along right arm.
5. “Family” along right medial arm.
6. A design with flower and “Sky’s The Limit” along left arm.
7. “Faith” along left medial arm.

8. Asian calligraphy along posterior right and left arms.
9. An obscure name along left upper back.

High velocity blood back spatter is absent. There is absence of visible gunpowder on hands or wrists.

DESCRIPTION OF GUNSHOT WOUNDS

Following entry gunshot wounds are serially lettered for the purpose of description only:

GUNSHOT WOUND A

A penetrating gunshot wound of right anterior neck is present, located 11-3/4 inches below the top of the head and 1-1/2 inches right of anterior midline. The wound is an irregular-shaped defect ½ x 3/8 inch with an irregular circumferential marginal abrasion. There is no soot, stippling, or muzzle imprint present. This wound is consistent with an entry gunshot wound of indeterminate range and is suggestive of a re-entry wound.

Subsequent examination and autopsy reveals that wound path passes through the soft tissue and muscle of the right anterior neck traveling in a front to back direction, right to left, and downward, perforating the right sternocleidomastoid muscle, right jugular vein, passing into the thoracic inlet, and bruising the medial aspect of right upper pulmonary lobe. The wound path then continues into the thoracic spine collapsing the bodies of the T_3 and T_4 thoracic vertebral bodies, fracturing the left posterior 4^{th} and 5^{th} ribs at the costo-vertebral junction, and coming to rest in the soft tissues of left back. From this location, 14 inches below the top of the head and 2 inches left of midline, a large caliber, deformed jacketed bullet is recovered approximately.

In addition to the transaction if right jugular vein, contusion of the right upper pulmonary and collapse of bodies of T_3 and T_4 thoracic vertebrae,. There is prominent right hemothorax (1100 mL). The spinal cord at the level of T_3 and T_4 is intact although epidural hemorrhage is noted.

GUNSHOT WOUND B

A penetrating gunshot wound of left mid-chest is present, at the sternal border, 17 inches below the top of the head and 3/8 inch left of anterior midline. The wound is a circular-shaped defect 3/8 inch in diameter with a circumferential

somewhat irregular marginal abrasion. There are no radial lacerations, soot, stippling, or muzzle imprint present. This wound is consistent with an entry gunshot wound of indeterminate range with absence of visible soot, powder or a muzzle imprint. The wound characteristics suggest that this is a re-entry gunshot wound.

Subsequent examination and autopsy reveals that the bullet has entered the chest cavity through the 4th left intercostal space at the margin of the sternum, and the overlying 4th left rib. The wound path continues front to back, right to left, and downward, perforating the pericardial sac and the right and left ventricles of the heart. The path then proceeds through the left lower lobe of the lung with associated exits the chest cavity through the 11th left intercostal space and the overlying 11th left rib, lodging within the soft tissues of left back. From this location, 20-1/2 inches below the top of the head and 1-1/4 inches left of midline a deformed large caliber jacketed bullet is recovered.

There is prominent left hemothorax with presence of 1100 mL of blood.

GUNSHOT WOUND C

A penetrating gunshot wound of the left abdomen is present, 23 inches below the top of the head and 2-1/4 inches left of anterior midline. The wound is a circular defect, measuring 3/8 inch in diameter with a circumferential marginal abrasion. There are no radial lacerations, soot, powder tattooing, or a muzzle imprint present. This wound is consistent with an entry gunshot wound of indeterminate range.

Subsequent examination and autopsy reveals that the bullet has entered the abdominal cavity below the costal margin, traveling in a front to back direction, right to left, and downward, perforating the left lobe of liver, the stomach, and the lower lobe of the left kidney. The path then continues through the soft tissue and muscle of the left back making an exit along the left back.

The left back demonstrates an irregular defect, measuring ¾ x 3/8 inch, located 26 inches below the top of the head and 2 inches left of posterior midline. The edges of the wound approximate and there is no marginal abrasion, soot, or stippling present. Everting tissue is noted. A track is established connecting this wound to the entry Gunshot Wound C of the left abdomen. The wound is consistent with an exit gunshot wound made by the bullet that entered the left abdomen. There is no bullet or bullet fragments recovered along the wound path.

GUNSHOT WOUND D

A penetrating gunshot wound of the left dorsal forearm is present, located 6 inches superior and 1 inch lateral to the ulnar head. The wound is an oval-shaped defect ½ x 3/8 inch with an oval-shaped marginal abrasion 1-1/2 x ¾ inches. There are no radial lacerations, soot, stippling, or muzzle imprint present. The wound is consistent with an entry gunshot wound of indeterminate range with no evidence of close-range fire.

The wound path proceeds through the soft tissue and muscle of the left forearm, fracturing the left radius then exits the left medial forearm, where there is an irregular defect ½ x ¼ inch, located 5 inches directly superior to the ulnar head. The edges of this wound approximate and there is no marginal abrasion, soot, or stippling present. The wound path is back to front, lateral to medial, and distally. There is no bullet or bullet fragments recovered along the wound path.

GUNSHOT WOUND E

A penetrating gunshot wound of the right dorsal hand is present, located ¾ inch below the ulnar head and 1-1/2 inches lateral to the ulnar head. The wound is a circular defect, 3/8 inch in diameter with no radial lacerations, soot, stippling, or muzzle imprint present. This wound is consistent with an entry gunshot wound of indeterminate range.

The wound path proceeds through the soft tissue and muscle of the right hand and wrist, traveling in a back to front, lateral to medial, and proximally, causing a small superficial cortical defect measuring 1/8 inch and a small abrasion of the skin overlying the wound path measuring ½ x 3/8. The wound then exits the left medial wrist, ½ inch above the ulnar head and 1-1/4 inches lateral to the ulnar head, producing an irregular slit-like defect measuring ½ x ½ inch. There is absence of marginal abrasion, soot deposition, or powder tattooing. The wound is consistent with an exit gunshot wound. There is no bullet or bullet fragments collected along the wound path.

GUNSHOT WOUND F

A superficial penetrating wound of palmar aspect of the distal digit of left index finger is present, measuring ½ x ½ inch, located ¾ inch superior to the tip of the finger. The edges of this defect approximate and there is slight marginal

abrasion as well as marginal tears. Soot deposition or powder tattooing are not observed.
There is a corresponding atypical wound of the of the distal digit of left index finger, measuring ¾ x ½ inch, involving the fingernail. There is a partial marginal abrasion with no soot, or powder tattooing. This wound is consistent with an entry gunshot wound of indeterminate range. The wound path proceeds through the soft tissue and muscle of the distal index finger with fracture of the distal phalange. Debris is present within the wound path consisting of black plastic fragments and metallic wire as well as small bullet fragments.

The palmer defect of the left index finger is suggestive of an entry wound with the corresponding dorsal defect being the exit wound.

CUTANEOUS INJURIES

1. A puncture mark with marginal abrasion of the left chest produced by a Taser probe.
2. Two small superficial lacerations of the index and middle fingers of the left hand, each ½ inch.
3. An irregular non-patterned superficial abrasion of the left chest measuring 7/8 x ½ inch

IV. INTERNAL EXAMINATION

1. INTEGUMENTS AND NECK

A standard Y-shaped thoracoabdominal incision reveals a moist yellow subcutaneous fat with a thickness of 1-2 cms at the midabdominal level.

There is evidence of soft tissue hemorrhage in the anterior muscles and soft tissues of the right neck with laceration of right sternocleidomastoid and transaction of right internal jugular vein.

The carotid sheaths are intact. The anterior cervical spine is in the midline and palpably unremarkable. No obstructive material or lesions are present in the glottis or larynx. The hyoid bone and laryngeal cartilage are normally formed and intact without evidence of fractures or hemorrhage. Larynx is comprised of unremarkable vocal cords and folds, appearing widely patent without foreign material, and is lined by smooth, glistening membrane. Epiglottis is a characteristic plate-like structure without edema, trauma or pathological lesions

2. SEROUS CAVITIES

The chest wall demonstrates evidence of traumatic injury including rib and sternal fractures as noted above. There are no clavicular fractures. The serous body cavity membranes are smooth and glistening with no adhesions. Bilateral hemothoraces are present with 1100 mL of blood on each side. The vertebral column shows evidence of traumatic injury at the level of T_3 and T_4 as noted above. There is no scoliosis or kyphosis. The left and right hemi-diaphragms are in their normal location and appear grossly unremarkable. The pelvis is intact.

3. CARDIOVASCULAR SYSTEM

Heart weight: 360 gms.
Left ventricular wall thickness: 1.1 cms.
Right ventricular wall thickness: 0.3 cms.
Circumference of aortic, mitral, pulmonary and tricuspid valves: Normal.

The heart is of normal size and shape and located in its usual position in the left chest, with its apex pointing to the left (normal). There is a normal amount of epicardial fat. The epicardial surface is glistening and smooth. The atrial chambers are not dilated. Both the interatrial septum and interventricular septum are intact. The atrioventricular connections are present, and the leaflets of the atrioventricular valves are thin and delicate. The chordae tendineae are thin and pearly gray. The papillary muscles are normal and reveal no tears or scars. There is no evidence of ventricular hypertrophy or dilatation. The myocardium is beefy, firm and red-brown, and perforation of both right and left ventricles as noted above. The endocardial surface is smooth without thrombi or inflammation. The outflow tracts are widely patent, and the semilunar valves each contain three thin and delicate cusps. The pulmonary artery is of appropriate caliber and configuration; its intimal surface is glistening and intact without atheromas. The coronary ostia are in their normal anatomic location and lead into widely patent corornary arteries without significant atheromas. The coronary arteries course over the surface of the heart in the usual fashion. Right dominant coronary artery circulation is noted. The ascending aorta is of the usual caliber and arches normally before descending along the left side of the vertebral column. The major arteries arise from the aortic arch and descending aorta in the usual configuration and are patent. The intimal surface of the aorta is smooth. The venae cavae and other major veins are patent and thin walled. There are no congenital anomalies identified.

4. PULMONARY SYSTEM

Left and right lungs: 197 and 228 gms respectively.

The lungs collapsed and reveal the usual number of lobes and fissures. Both the lungs appear moderately congested and slightly edematous edematous and on sectioning frothy hemorrhagic fluid can be easily expressed. The visceral pleural surfaces are slightly opaque with a small amount of anthracotic pigment. The parenchyma is soft and pale red. Air spaces are not enlarged. There are no gross pneumonic lesions or abnormal masses present. Contusion of medial upper lobe and laceration of left lower lobe are noted as described above. The tracheobronchial tree contains small amounts inspissated hemorrhagic fluid without aspirated gastric contents. The pulmonary vessels are patent revealing no evidence of thromboemboli.

5. GASTROINTESTINAL SYSTEM

The esophagus courses in the usual fashion to enter the stomach and is lined by normal mucosa. The squamocolumnar junction is well demarcated without erosions or varices. The stomach is devoid of food particles and reveals perforation as noted above. Gastric mucosa is intact with tall rugal folds with pliable wall. The pylorus is normally contracted. There is no evidence of gastritis or gastric ulcers. The small intestine is of the usual caliber, and its walls are pliable. The cecum is freely mobile in the right lower quadrant. The appendix is retrocecal and not inflamed. The colon contains formed brown stool and is of generous caliber. No focal mass lesions are identified throughout the gastrointestinal tract.

6. HEPATOBILIARY SYSTEM AND PANCREAS

Liver: 1351 gms.

The liver presents a sharp anterior margin with smooth glistening surface. The parenchyma is red-brown and soft with the usual lobular pattern. Marginal laceration of left lobe due to gunshot wound is noted. Intrahepatic bile ducts and vessels are patent. The gallbladder is present and contains approximately 20 mL of viscid green bile. The wall is thin and pliable with reticulated intact mucosa. The common bile duct is patent and drains into the duodenum. There are no calculi present.

The pancreas is located in its usual position within the duodenal sweep. The parenchyma has a firm, pink-gray with minimal fat in the tail. The pancreatic ducts are of the usual caliber. There is no evidence of acute or chronic pancreatitis.

7. GENITOURINARY SYSTEM

Left Kidney: 115 gms.
Right kidney: 139 gms.

The kidneys are located in their usual retroperitoneal position and have capsules that strip with the usual ease to reveal smooth surfaces. Grazing wound of inferior pole of left kidney is noted as described above. The parenchyma is red-brown with clearly demarcated corticomedullary junctions. The cortex has a normal thickness. A minimal amount of peripelvic fat is present. The collecting systems are not dilated. The renal columns of Bertin extend between the well demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. The pelvis and ureter are patent and not dilated. Their mucosa is smooth. The urinary bladder is lined by intact mucosa and contains 8 mL of clear urine.

External genitalia present an unremarkable penis without hypospadia, epispadias or phimosis. There are no infectious lesions or tumors noted. The descended testicles are of normal size encased within an intact and unremarkable scrotal sac and on palpation abnormal masses or hernias are not present. The prostate is of normal size and shape and sectioning presents normal two lateral lobes with thin median lobe forming the floor of the unremarkable urethra. There are no gross pathological lesions.

8. LYMPHORETICULAR SYSTEM:

Spleen: 84 gms.

The thymic tissue is ill defined with its parenchyma largely replaced by fat. The spleen presents a smooth, intact capsule and the splenic parenchyma is dark red. The follicles are small, and trabeculae are delicate. There is no lymphadenopathy. The mediastinal lymph nodes which are soft and black. Other lymph nodes are small and gray. Rib and vertebral marrow is red, moist, and ample.

9. ENDOCRINE SYSTEM

Thyroid gland is of symmetric, red-brown and firm presenting two well-defined lobes with connecting isthmus. There are no goitrous changes or adenomas present. Adrenal glands are of normal size and shape and sectioning present no gross pathological lesions. Pituitary gland is encased within an intact sella turcica and presents no gross pathological lesions.

10. CENTRAL NERVOUS SYSTEM

Brain: 1525 gms (unfixed).

Reflection of the scalp reveals no evidence of contusions of lacerations.There are no subgaleal hemorrhage or hematomas identified. The underlying calvarium is intact and normal in thickness. The dura is intact other and its inner surface smooth and glistening. The dural sinuses are patent. Serial cross-sectioning through the superior sagittal sinus reveal no antemortem thrombus.

Both the left and right cerebral hemispheres are essentially equal in size and the pattern of gyri and sulci is within normal limits. There is no shift of the interhemispheric fissure. Mild cerebral edema is noted. The piarachnoid is regularly transparent. On the undersurface of the brain, the unci or cerebellar tonsils reveal absence of pressure markings. The olfactory bulbs are present and the optic nerves are well myelinated and of equal size. Both the mamillary bodies and brainstem appear normal and the cerebellar hemispheres are of normal size. The Circle of Willis is patent without atherosclerotic narrowing or thrombosis. Berry aneurysms are not identified.

Multiple coronal sections of the cerebrum show an intact cortical ribbon of appropriate thickness. The internal architecture shows the usual pattern without focal lesions or hemorrhage. The ventricular system is of appropriate configuration and size containing clear cerebrospinal fluid with delicate and unremarkable choroid plexus. The fourth ventricle is unremarkable. Transverse sections of the brainstem show unremarkable basal ganglia, midbrain, pons, medulla, and cerebellar hemispheres. Well-pigmented substantia nigra and locus caeruleus are noted. Sections of the cerebellum show prominent inferior olivary nuclei and the hemispheres present the usual foliar pattern and normal appearing dentate nuclei.

V. IMAGING STUDIES:

Radiographs of the head, chest, abdomen, and upper extremities are performed and demonstrate the presence of projectiles and skeletal fractures (see Evidence of Injury).

VI. IDENTIFICATION:

The decedent is identified by fingerprints.

SPECIMENS AND EVIDENCE COLLECTED

1. 14 mL of chest cavity blood, 8 mL of femoral vein blood, 2 mL of vitreous and 8 mL of urine for toxicology.
2. Representative tissue sections in formalin.
3. Multiple digital exam photos.
4. Blood card.
5. Five X-Rays.
6. Fingerprints and Palmprints.
7. SEM stubs for gunpowder residue.
8. Clothing.
9. Criminalistic Evidence including:
   a. Pulled scalp, facial and pubic hair
   b. Blood card
   c. Two (2) large caliber deformed jacketed bullets
   d. Metal and plastic debris from left index finger.

Date of Exam	August 8, 2015
Expected Date Completion:	October 8, 2015
Dictated/Typed:	August 8, 2015
Completed:	September 2, 2015

NSP:np

Forensic Toxicology Results

Office of Chief Medical Examiner
Toxicology Laboratory Service
200 Feliks Gwozdz Place
Fort Worth, Texas 76104

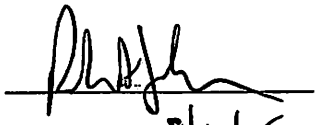
Name: **Christian James Taylor**

Case Number: **1511026**
Toxicology Work Number: **1502354**

Nizam Peerwani, M.D., DABFP
Chief Medical Examiner
Robert Johnson, PH.D., DABFT
Chief Toxicologist

Service Request Number: **004**

Specimen	Drug	Result	Drug Amount	Instrument Used	Performed By
Femoral Blood	Ethanol	NEGATIVE		GC/FID	A. McCALL
Urine	Ethanol	NEGATIVE		GC/FID	A. McCALL
Vitreous Humor	Ethanol	NEGATIVE		GC/FID	A. McCALL
CHEST BLOOD	Amphetamine ELISA	NEGATIVE		ELISA	B. LANDRY
CHEST BLOOD	Methamphetamine ELISA	NEGATIVE		ELISA	B. LANDRY
CHEST BLOOD	THC ELISA	POSITIVE		ELISA	B. LANDRY
CHEST BLOOD	Opiate ELISA	NEGATIVE		ELISA	B. LANDRY
CHEST BLOOD	Cocaine ELISA	NEGATIVE		ELISA	B. LANDRY
CHEST BLOOD	Benzodiazepine ELISA	NEGATIVE		ELISA	B. LANDRY
CHEST BLOOD	Oxycodone ELISA	NEGATIVE		ELISA	B. LANDRY
URINE	Amphetamine ELISA	NEGATIVE		ELISA	B. LANDRY
URINE	Methamphetamine ELISA	NEGATIVE		ELISA	B. LANDRY
URINE	THC ELISA	POSITIVE		ELISA	B. LANDRY
URINE	Opiate ELISA	NEGATIVE		ELISA	B. LANDRY
URINE	Benzodiazepine ELISA	NEGATIVE		ELISA	B. LANDRY
URINE	Oxycodone ELISA	NEGATIVE		ELISA	B. LANDRY
URINE	ACID	NEGATIVE		GCMS	L. HAZARD
URINE	BASE	NEGATIVE		GCMS	L. HAZARD
FEMORAL BLOOD	25h-NBOMe	NEGATIVE		LCMS	L. HAZARD
URINE	25h-NBOMe	POSITIVE		LCMS	L. HAZARD
FEMORAL BLOOD	25i-NBOMe	POSITIVE	0.76 ng/mL	LCMS	L. HAZARD
URINE	25i-NBOMe	POSITIVE		LCMS	L. HAZARD
FEMORAL BLOOD	THC	POSITIVE	3.1 ng/mL	LCMS	C. LEWIS
URINE	THC	POSITIVE		LCMS	C. LEWIS
FEMORAL BLOOD	THC-COOH	POSITIVE		LCMS	C. LEWIS
URINE	THC-COOH	POSITIVE		LCMS	C. LEWIS

Approved By: 

Approved Date: 8/13/15

Office of Chief Medical Examiner

ME-18A GPC-1953 Rev. 7/06

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Examiner: Richard Fries

Autopsy No. 1511026