

AUTOPSY REPORT

Charleena Chavon LYLES

KCME 17-1206

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PATHOLOGICAL DIAGNOSES:

1. Penetrating handgun wound of the midline abdomen.
  - a. Entrance wound (D) on midline anterior abdomen.
  - b. Mesenteric perforations and graze wound of the uterus.
  - c. Bullet recovered from soft tissues of the right pelvis.
2. Penetrating handgun wound of the right abdomen.
  - a. Entrance wound (C) on right abdomen.
  - b. Perforation of the uterus and left deep femoral artery with herniation of an intrauterine fetus into the peritoneal cavity.
  - c. Bullet recovered from soft tissues of left pelvis.
3. Grazing gunshot wound (B) of the right lateral chest.
4. Penetrating handgun wound of the right hip.
  - a. Entrance wound (F) on lateral right hip.
  - b. Perforation of soft tissues and the right iliac wing.
  - c. Bullet recovered from soft tissues of the right buttock.
5. Perforating handgun wound of the right back.
  - a. Entrance wound (I) on right back.
  - b. Perforation of the inferior vena cava and right middle and lower lobes of lung.
  - c. Exit wound (A) on anterior right chest.
6. Perforating handgun wound of the left back.
  - a. Entrance wound (J) on left back.
  - b. Perforation of soft tissues.
  - c. Exit wound (E) on lateral left abdominal wall.
7. Perforating handgun wound of the right arm.
  - a. Entrance wound (G) on the anterolateral aspect of distal right arm.
  - b. Perforation of soft tissues.
  - c. Exit wound (H) on posteromedial distal right arm.
8. Intrauterine pregnancy.
  - a. Normally formed male fetus with estimated gestational age of 14-15 weeks.

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King County Medical Examiner

AUTOPSY REPORT

Charleena Chavon LYLES

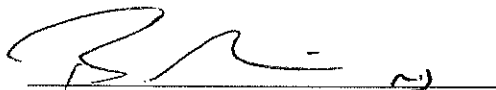
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9. Evidence of medical intervention including endotracheal intubation.

OPINION:

The cause of death of this 30-year-old woman is multiple gunshot wounds sustained in a confrontation with police. The manner of death is classified homicide.



Brian Mazrim, MD  
Associate Medical Examiner



Richard Harruff, MD, PhD  
Chief Medical Examiner

31 July, 2017  
Date Signed

BM:kld

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DATE AND TIME OF EXAMINATION:

06/19/2017 @ 0900 hours.

EXTERNAL EXAMINATION:

IDENTIFICATION:

Identification is accomplished by name tags accompanying the body. In addition, photographs are taken under my direction for identification purposes.

CLOTHING AND PERSONAL PROPERTY:

The body received wearing the following items of clothing:

1. A pair of black underwear.
2. A pair of black and red socks.

GENERAL DESCRIPTION:

The body is that of a normally developed well-nourished female appearing consistent with the documented age of 30 years. The body measures 5 feet 3 inches in length and weighs 100 pounds. At the time of autopsy, 3+ rigor mortis is established in the upper and lower extremities and the jaw. Faint blanching purple livor mortis is present over posterior surfaces of the body. The body is cool to the touch.

The head is normocephalic and atraumatic. The hair is black and measures up to 8 inches in length. The pupils measure 5 millimeters bilaterally. The irides are brown. The conjunctivae are free of lesions. The external nares are patent and free of lesions. The teeth are natural and in an adequate state of repair. The oral mucosa is free of lesions. The ears are normally formed and free lesions. Each earlobe is pierced once. The trachea is midline and the neck is free of palpable masses.

The chest is symmetrical. The breasts are free of palpable masses. The abdomen is flat. The external genitalia are those of a normal adult female.

The upper extremities are normally formed and are remarkable for the injury described below. The fingernails are neatly trimmed to within 1/16 inch of the nailbeds. The lower extremities are normally formed and are remarkable for the injury described below.

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The back is remarkable for the injury described below. The buttocks are unremarkable.

Identifying marks and scars include the following:

1. A tattoo of angle wings, a halo, and "Sadaria" present on the lateral right upper arm.
2. A tattoo of a Dove holding keys present on the lateral left upper arm.
3. A 5-inch well-healed linear scar extending transversely across the lower anterior abdomen.
4. A 0.75 inch well-healed linear scar present on the lateral left neck.

MEDICAL THERAPY:

An endotracheal tube enters the mouth. Defibrillator pads are adherent to bilateral chest.

EVIDENCE OF INJURY:

*Seven gunshot wounds are present and are described below with reference to the anatomic position:*

1. PENTRATING HANDGUN WOUND OF THE MIDLINE ABDOMEN:

ENTRANCE WOUND: A gunshot entrance wound (D) is present on the midline anterior abdomen centered 40.5 inches superior to the heel. The defect is circular, measures 0.35 inches in diameter and is surrounded by a 0.05 to 0.2 inch abrasion margin, accentuated superiorly. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track traverses the peritoneal cavity without causing identifiable defects in the bowel; however, several small holes are present in the mesentery. The bullet track grazes the right side of the dome of the uterus and ends in the soft tissues of the right pelvis.

RECOVERY OF PROJECTILE: A deformed copper jacketed bullet is recovered from the soft tissues of the right pelvis.

DIRECTION OF FIRE: Front to back, downwards, and left to right.

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2. PENETRATING HANDGUN WOUND OF THE RIGHT ABDOMEN:

ENTRANCE WOUND: A gunshot entrance wound (C) is present on the right abdomen, centered 4.5 inches to the right of midline and 40 inches superior to the heels. The defect is circular, measures 0.4 inches in diameter, and is surrounded by concentric 0.05 inch abrasion margin. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track traverses the peritoneal cavity without obvious defects in the gastrointestinal track; however, several holes are present in the mesentery and the vermiform appendix is not clearly identified. The bullet track then perforates the upper midline uterus causing herniation of a fetus in its amniotic sac into the peritoneal cavity. The bullet track then lacerates the left deep femoral artery and penetrates the soft tissues of the left pelvis.

RECOVERY OF PROJECTILE: A deformed copper jacketed bullet is recovered from the soft tissues of the left pelvis.

DIRECTION OF FIRE: Right to left, front to back and downwards.

3. GRAZING GUNSHOT WOUND OF THE RIGHT LATERAL CHEST:

A grazing gunshot wound (B) is present on the right lateral chest, centered 43 inches superior to the heel. The defect is obliquely oriented from posteroinferior to superoanterior. The margins of the defect are only very faintly serrated, but these margins suggest a back to front and upwards trajectory.

4. PENETRATING HANDGUN WOUND OF THE RIGHT HIP:

ENTRANCE WOUND: A gunshot entrance wound (F) is present on the right lateral hip 34.5 inches superior to the heel. The defect is circular, measures 0.35 inches in diameter and is surrounded by a centric 0.05 inch abrasion margin. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track perforates the soft tissues of the right hip and the right iliac wing and penetrates the soft tissues of the right buttock.

RECOVERY OF PROJECTILE: A deformed copper jacketed bullet is recovered from the soft tissues of the right buttock.

DIRECTION OF FIRE: Right to left and front to back.

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5. PERFORATING HANDGUN WOUND OF THE RIGHT BACK:

ENTRANCE WOUND: A gunshot entrance wound (I) is present on the right back, centered 0.5 inches to the right of midline and 46.25 inches superior to the heel. The defect is circular, measures 0.25 inches in diameter, and is surrounded by a concentric 0.1 inch abrasion margin. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track enters the body cavities through the right 11<sup>th</sup> intercostal space posteriorly, adjacent to the spine. The bullet track then perforates and extensively lacerates the inferior vena cava followed by the right lower and middle lobes of lung. The bullet track exits the body cavities through the right 5<sup>th</sup> rib anteriorly.

EXIT WOUND: A gunshot wound exit (A) is present on the right breast centered 3.25 inches to the right of midline and 49 inches superior to the heel. The defect is irregularly shaped and measures 0.5 x 0.3 inches. A 0.2 x 0.2 inch abrasion is present at the inferomedial margin of the defect.

DIRECTION OF FIRE: Back to front, left to right and upwards.

6. PERFORATING HANDGUN WOUND OF THE LEFT BACK:

ENTRANCE WOUND: A gunshot entrance wound (J) is present on the left back centered 3.75 inches to the left of midline and 42 inches superior to the heel. The defect is oblong, measures 0.5 x 0.3 inches and is surrounded by an eccentric abrasion margin up to 0.3 inches in width accentuated medially. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track perforates the soft tissues of the lateral left abdominal wall.

EXIT WOUND: A gunshot wound exit wound (E) is present on the left anterolateral abdomen centered in the left anterior axillary line 42.5 inches superior to heel. The defect is irregularly shaped and measures 0.6 inches in diameter.

DIRECTION OF FIRE: Back to front, slightly right to left and slightly upwards.

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7. PERFORATING HANDGUN WOUND OF THE RIGHT ARM:

ENTRANCE WOUND: A gunshot entrance wound (G) is present on the anterolateral aspect of the distal right arm, centered 45 inches superior to the heel. The defect is circular, measures 0.3 inches in diameter, and is surrounded by a concentric 0.1 inch abrasion margin. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track perforates the soft tissues of the distal right arm.

EXIT: A gunshot exit wound (H) is present on the posteromedial aspect of the distal right arm 45 inches superior to the heel. The defect is stellate and measures 0.8 x 0.6 inches.

DIRECTION OF FIRE: Back to front and right to left.

INTERNAL EXAMINATION:

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is unremarkable and the skull is intact. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 954 grams and has normally configured gyri and sulci. The leptomeninges are thin and transparent. The cerebral vessels are unremarkable. The cortical gray ribbon is intact and the ventricular system is appropriate size. The deep cerebral nuclei and hippocampi are unremarkable. The brainstem and cerebellum are unremarkable. The skull base has the expected anatomic features. The proximal spinal cord, when viewed through the foramen magnum, is unremarkable.

NECK:

Examination of the anterior soft tissues, cartilaginous and bony structures of the neck reveals no abnormalities. The usual anatomic relationships are preserved and the upper airway is not obstructed.

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**BODY CAVITIES:**

The organs are normally situated and there are no fibrous adhesions. Associated with the injuries previously described are a 300 milliliter hemoperitoneum and a 600 milliliter right hemothorax. The pleural and peritoneal surfaces are otherwise smooth and glistening. The mediastinum and retroperitoneum have the expected anatomic features.

**CARDIOVASCULAR SYSTEM:**

The heart weighs 250 grams. The epicardium is unremarkable. The chambers demonstrate their usual shape and configuration with no gross hypertrophy. The coronary arteries have only scattered atherosclerotic streaks throughout the course of all vessels. Cut surfaces of the myocardium are normal color and there is no thickening of the ventricular walls. The valves and atria are unremarkable. The aorta follows its usual course and the origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are remarkable only for the injury previously described.

**RESPIRATORY SYSTEM:**

The larynx and trachea have no abnormalities and are continuous in the usual manner with the primary bronchi. The bronchi contain blood-tinged mucus. The right lung weighs 251 grams and the left lung weighs 307 grams. The parenchyma is pink-red and crepitant with hemorrhage associated with the bullet track previously described. There is no consolidation, mass or cavitary lesion. The bronchi and vasculature are normally distributed.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 976 grams and has a smooth glistening capsule. Cut surfaces are uniformly red-brown and have the usual landmarks. The extrahepatic biliary system is unremarkable. The gallbladder contains approximately 5 milliliters of dark green viscous bile without stones.

**LYMPHORETICULAR SYSTEM:**

The spleen weighs 70 grams and has a smooth, glistening capsule and an unremarkable parenchyma with the usual anatomic features. The thymus is involuted and replaced by fat. The lymph nodes, where appreciated, are unremarkable.

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URINARY SYSTEM:

The right kidney weighs 117 grams and the left kidney weighs 119 grams. The cortical surfaces are smooth and the cortical architecture is normal. There is good cortico-medullary differentiation. The pelves have the usual anatomic relationships and are continuous into normal ureters which insert into an unremarkable bladder containing no appreciable urine.

INTERNAL GENITALIA:

The uterus is gravid and is remarkable for the injury previously described. The fetus appears to be a normally developed male weighing 63 grams with a crown-to-rump length of 10.4 centimeters and a heel-to-toe length of 1.6 centimeters. The placenta and cord are small but appear normally developed. The cervix is smooth and glistening. The vaginal vault has the usual rugal pattern without abnormalities.

GASTROINTESTINAL SYSTEM:

The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 10 milliliters of brown mucoid material. The gastric mucosa is unremarkable. The small and large intestines are unremarkable; however, several small holes are present within the mesentery likely associated with the bullet tracks previously described. The vermiform appendix is not identified.

ENDOCRINE SYSTEM:

The right lobe of the thyroid gland appears nodular. The pancreas, pituitary, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Injury has been previously described. The musculature is normally distributed and unremarkable. The abdominal fat measures 2 centimeters at the level of the umbilicus.

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MICROSCOPIC:

HEART: No pathologic diagnosis.

LUNG: A section of lung shows free alveolar blood.

LIVER: No pathologic diagnosis.

KIDNEY: No pathologic diagnosis.

BRAIN (HIPPOCAMPUS): No pathologic diagnosis.

CYTOLOGY (ORAL,  
ANAL, AND VAGINAL  
SWABS): No sperm seen.

EVIDENCE, RADIOGRAPHS, AND ANCILLARY PROCEDURES:

1. Samples are collected for toxicologic analysis; a separate report will be issued.
2. Evidence collected at the time of autopsy is detailed in the evidence inventory.
3. X-rays of the head, chest, abdomen, pelvis, and right upper extremity are taken prior to examination.

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Case Number: 17-1206

Name: \_\_\_\_\_

Date: 6-19-17

Pathologist: BM

A) Gunshot exit wound:  
0.5x0.5" defect ±  
0.2x0.2" abrasion ±  
inf/med margin.  
3.25" Ⓟ of mid,  
49" sup to heel.

B) Grazing gunshot  
wound:  
2.5x1" defect  
on lat Ⓡ chest  
43" sup to heel.  
ent skin tags post/ant  
C) Gunshot entrance  
wound: 0.4"  
circ defect ±  
conc. 0.05"  
abrasion margin.  
1.5" Ⓟ of mid,  
46" sup to heel.  
No soot/stippling

D) Gunshot entrance  
wound: 0.35"  
circ defect ±  
0.05 to 0.2" abrasion  
margin, eccent sup.  
Centered midline,  
40.5" sup to heel.

E) Gunshot exit  
wound: 0.6" diam.  
irreg defect on  
Ⓡ ant axillary line,  
42.5" sup to heel.

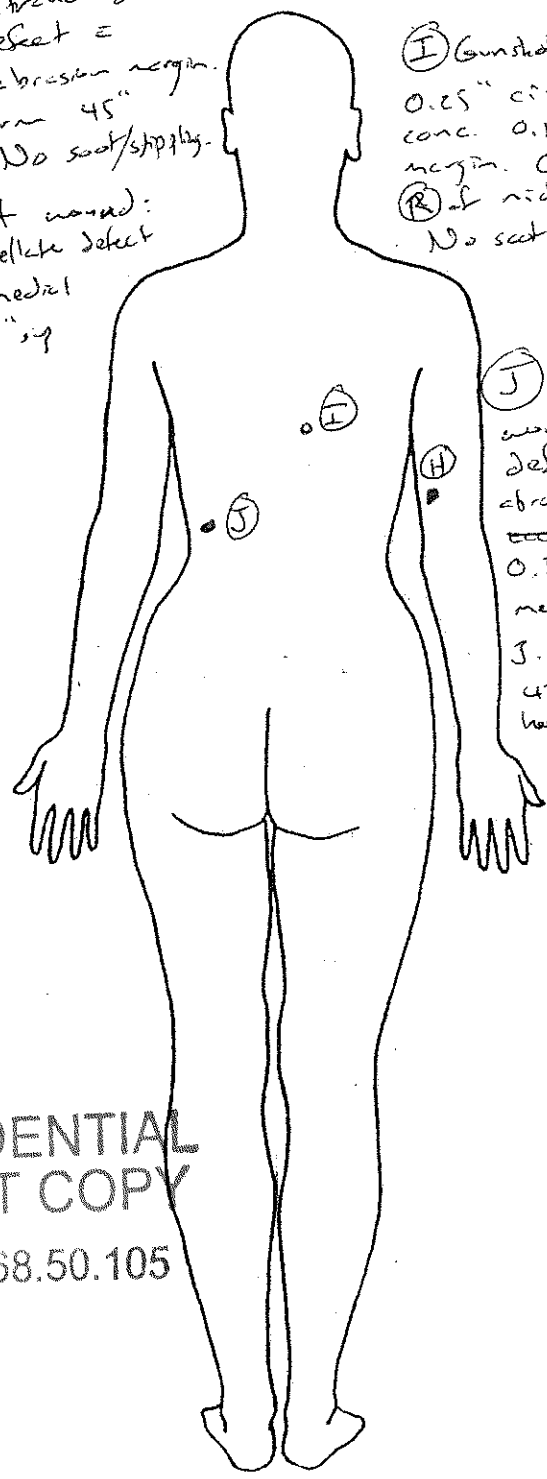
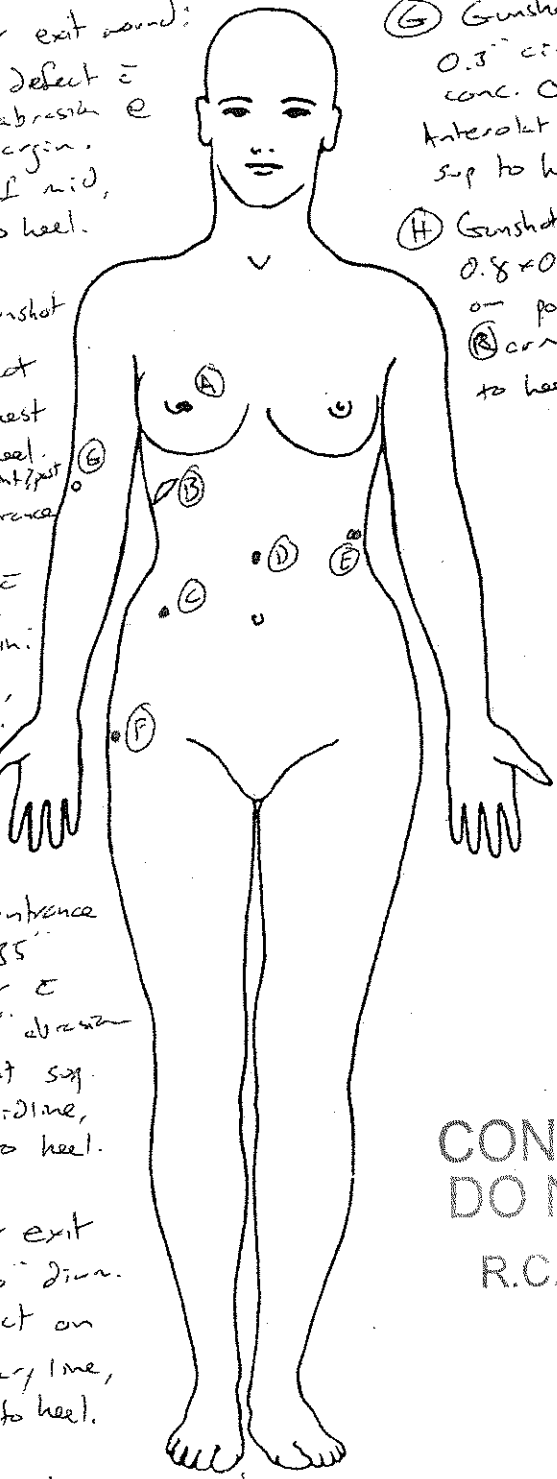
F) Gunshot entrance wound:  
0.35" circ defect ±  
conc. 0.05" abrasion margin.  
Ent Ⓡ hip, 34.5" sup to heel.  
No soot/stippling.

G) Gunshot entrance wound:  
0.3" circ defect ±  
conc. 0.1" abrasion margin.  
lateral Ⓡ arm 45"  
sup to heel. No soot/stippling.

H) Gunshot exit wound:  
0.8x0.6" stellate defect  
on postero-medial  
Ⓡ arm, 45" sup  
to heel.

I) Gunshot entrance wound:  
0.25" circ defect ±  
conc. 0.1" abrasion  
margin. Centered 0.5"  
Ⓡ of mid, 46-25" sup to heel.  
No soot/stippling.

J) Gunshot entrance  
wound: 0.5x0.3"  
defect ± eccentric  
abrasion margin,  
eccent up to  
0.3" eccent  
medially. Centered  
3.75" Ⓡ of mid,  
42" sup to  
heel. No soot/  
stippling.



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# King County Medical Examiner's Office

Case No **17-01206**

## Investigator's Report

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Date / Time Reported <b>06/18/2017 12:16</b>	Date / Time Arrived at Scene <b>06/18/2017 12:30</b>	Date / Time Returned to Office <b>06/18/2017 14:00</b>
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<b>Decedent</b>								
Unidentified? <input type="checkbox"/>	ID Not Confirmed? <input type="checkbox"/>	Last Name <b>Lyles</b>	First Name <b>Charleena</b>	Middle Name <b>Chavon</b>	HMC Doe Name			
Sex <b>Female</b>	Death Date/Time <b>06/18/2017 10:22</b>	Estimate <b>Pronounced</b>	Race <b>Black</b>	Hispanic? <input type="checkbox"/>	Age <b>30 Years</b>	Date of Birth <b>04/24/1987</b>	Social Security Number	Marital Status <b>Never Married</b>
Residence Street Address <b>6818 62nd Ave NE</b>		City <b>King</b>	County <b>King</b>	State <b>WA</b>	Zip Code <b>98115</b>	Country <b>UNITED STATES</b>		
Birth Place <b>Seattle, Washington</b>		Occupation <b>Homemaker</b>	Type of Business <b>Own Home</b>	Retired? <input type="checkbox"/>	Unemployed? <input type="checkbox"/>	Military Branch <b>Not In US Armed Forces</b>		
Surviving Spouse		Father's Name <b>Charles Elden Lyles</b>		Mother's Maiden Name <b>Sadaria Teresa Sorrells</b>				
Informant <b>Charles E. Lyles</b>		Relationship <b>Father</b>	Street Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	

<b>Place of Death</b>							
Place of Death Unknown? <input type="checkbox"/>	Place of Death Type <b>Residence</b>	Place of Death Address <b>6818 62nd AVE NE, APT # 4303</b>		County <b>King</b>	City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98115</b>
In City Limits? <input checked="" type="checkbox"/>	Census Zone	Day of Week <b>Sunday</b>	Scene Visit? <input checked="" type="checkbox"/>	Scene Visit Type <b>Scene Investigation</b>			

<b>Incident</b>							
Incident Street Address <b>6818 62nd AVE NE, APT # 4303</b>		City <b>Seattle</b>	County <b>King</b>	State <b>WA</b>	Zip Code <b>98115</b>	Country <b>USA</b>	Census Zone
In City Limits? <input checked="" type="checkbox"/>	Type of Location <b>Residence</b>	Incident Date/Time <b>18-Jun-2017 09:50</b>	Estimate <b>Witnessed</b>	Law Enforcement Involved Death? <input checked="" type="checkbox"/>	Possible Homeless? <input type="checkbox"/>		
Police Department <b>Seattle Police Department</b>		Police Case Number <b>17-219301</b>	Police Officers <b>Sergeant Grinstead</b>				

**REPORTED AS OFFICER INVOLVED SHOOTING**

This case was reported by Seattle Police Department Sergeant Mark Grinstead as the death of a 30-year-old tentatively identified woman shot by responding officers during an altercation with police.

According to Sergeant Grinstead, at 0855H on 06/18/2017 Seattle Police Department Dispatch received a call from the decedent reporting a burglary at her residence. When police arrived to the residence an altercation between the decedent and the responding officers ensued and resulted in the decedent being shot multiple times by responding officers. Seattle Police Department Dispatch added that they received the call reporting shots fired at 0950H and that the decedent was pronounced by Seattle Fire Department at 1022H.

Dr. Mazrim, Investigator Fletcher and I arrived on scene at 1316H on 06/18/2017 and were met by several officers with the Seattle Police Department. We found the decedent's body covered by a yellow cover in the hallway outside her apartment. Beneath the cover the decedent was observed to be lying supine on a spine board.

Dr. Mazrim performed a scene examination. The decedent's core temperature was 96.1 degrees F at 1332H.

The decedent's hands were bagged, she was placed in plastic and a clean white sheet and sealed in a green body recovery bag. The bag was sealed with integrity seal #0024282.

The decedent was transported from the scene to the King County Medical Examiner's Office for further examination.

Christina Tengelin  
Medicolegal Death Investigator  
Nick Fletcher  
Medicolegal Death Investigator

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# King County Medical Examiner's Office

Case No **17-01206**

## Investigator's Report

### Incident (continued)

Last Known Alive <b>06/18/2017 08:59</b>	Estimated? <input type="checkbox"/>	Last Known Alive By <b>SPD dispatch</b>	Phone Number [REDACTED]	Found By	Found By Date/Time
Reported By Name <b>Sergeant Mark Grinstead</b>		Reported By Agency <b>Seattle Police Department</b>		Related Cases	MFI#
Primary Investigator <b>Tengelin, Christina</b>			Investigator 2 <b>Fletcher, Nick</b>		
Investigator 3 <b>Mazrim, Brian</b>			Investigator Taking Call <b>Tengelin, Christina</b>		

### Body Intake

Transport Method <b>KCMEO</b>	Body Processed By: <b>Fletcher, Nick</b>	Arrival Date/Time <b>06/18/2017 14:20</b>	Weight <b>155</b>	Fingerprints <b>Full Prints</b>
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### Identification

Identification Method <b>Fingerprints</b>	Identification Date <b>6/19/2017</b>	Identified By: <b>Norma Moquino</b>	Relationship <b>AFIS - Seattle PD</b>		
Address <b>610 5th Ave</b>	City <b>Seattle</b>	State <b>WA</b>	Zip <b>98124</b>	Phone [REDACTED]	Investigator <b>Barbour, Bill</b>
ID Notes <b>ID confirmed by SPD AFIS. Copy of their report is in the case file. WB</b>					
Identification Method <b>Circumstantial Evidence</b>	Identification Date <b>6/18/2017</b>	Identified By: <b>Police</b>	Relationship <b>Law Enforcement</b>		
Address	City	State	Zip	Phone	Investigator <b>Tengelin, Christina</b>
ID Notes <b>TENT ID provided by law enforcement based on scene findings. ID to be confirmed by scientific methods. -CT</b>					

### Next Of Kin

Name (First, Middle, Last) <b>Charles Lyles</b>	Relationship <b>Father</b>	Legal Entity <b>Legal NOK</b>	Phone <b>#Error</b>
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Next of Kin Notified By	Contact Method <b>Not Yet Notified</b>	Contact Date	
Name (First, Middle, Last) <b>Andre Taylor</b>	Relationship <b>Other</b>	Legal Entity <b>Contact Person</b>	Phone [REDACTED]
Address	City	State	Zip
Next of Kin Notified By <b>Family</b>	Contact Method <b>Telephone</b>	Contact Date <b>06/23/2017 00:00</b>	

### Funeral Home

Funeral Home Representative [REDACTED]	Agency Released To <b>Serenity Funeral Home &amp; Cremation</b>	Funeral Home of Record <b>Serenity Funeral Home &amp; Cremation</b>	Phone [REDACTED]
Body Release Date/Time <b>06/23/2017 15:52</b>	Body Released w/ Clothing? <input type="checkbox"/>	Released By: [REDACTED]	

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# King County Medical Examiner's Office

Case No **17-01206**

## Investigator's Report

### Medical History

Primary Care Physician <b>N/A</b>		Medical Specialty <b>N/A</b>	
Phone	Diagnosis <b>N/A</b>	Will Certify? <input type="checkbox"/>	Drug/EtOH Abuse Hx? <input type="checkbox"/>
Drug/Alcohol Use History <b>Unknown at the time of report.</b>			
Medical History <b>Unknown at the time of report.</b>			
Surgeries <b>Unknown at the time of report.</b>			

### Terminal Hospital Summary

Hospitalized Prior to Death? <input type="checkbox"/>	Hospital	Hospital Chart Number	Admitting Date	Attending Physician	Telephone	Will Certify? <input type="checkbox"/>
Admitting Diagnosis						

### Property

Type <b>SUSPICIOUS DEATH PROPERTY</b>	Description		Comment
Release Date	Released To	Relationship	Released By

### Evidence

Type <b>SUSPICIOUS DEATH EVIDENCE</b>	Description		Comment
Release Date/Time	Released To	Relationship	Released By

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