

AUTOPSY REPORT

R.C.W. 68.50.105

Charleena Chavon LYLES

KCME 17-1206

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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 formal 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 11th 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 5th 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.