



OFFICE of the WAYNE COUNTY MEDICAL EXAMINER

1300 East Warren Avenue
Detroit, MI 48207

POST MORTEM REPORT

M.E. CASE NUMBER
15-14215
COUNTY OF DEATH
WAYNE
TOWN OF DEATH
DETROIT
DATE PRONOUNCED DEAD
Dec 23, 2015

THIS IS TO CERTIFY THAT

Carl Schmidt, M.D., Chief Medical Examiner

AT

Wayne County Medical Examiner's Office

PERFORMED A POSTMORTEM EXAMINATION ON THE BODY

Matthews, Kevin

ON

Dec 25, 2015

SUMMARY & OPINION

It is my opinion that death was caused by multiple gunshot wounds.

There were nine (9) gunshot wounds, as follows:

a) This was a through and through wound of the left chest, near the midline. It exited on the left upper back, near the shoulder. In its path, the bullet caused injury in the left upper lobe of the lung. The direction of the wound was front to back and right to left. There was no evidence of injury on the skin around the entrance wound.

b) This wound was on the right lower quadrant of the abdomen. The bullet traversed the mesentery, 3rd portion of the duodenum, body of the pancreas, left diaphragm and came to rest in the chest wall adjacent to the 9th rib, from where it was recovered. The direction of the wound was front to back, right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.

Wounds c, d, e, f, g, h and i were clustered in the right side of the chest, under the axilla, in an area that was approximately 6" x 3" in greatest dimension.

c) This through and through wound was on the right side of the chest, on the anterior axillary line. The exit wound was on the left chest near the base of the neck. The bullet fractured the 4th rib, traversed the soft tissues of the chest and partially exited at the base of the left side of the neck, from where it was recovered. The direction of the wound was right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.

d) This through and through gunshot wound of the right chest was 16" from the top of the head on the anterior axillary line; there was semicircular area of stippling caudad to the entrance wound that was 1" by 0.5" in greatest dimension, an indication of close range fire. The exit wound was on base of the right neck anterior, 9.5" from the top of the head and 1.5" left of the midline. This bullet also fractured the 4 rib, which was extensively comminuted, traversed the soft tissues of the chest, partially exited at the base of the right neck and migrated to the soft tissues of the left shoulder, from where it was recovered. The direction of the wound was right to left and upward.

Wounds c and d were adjacent to each other and had the same path of injury; they were separated by a narrow tag of skin.

e) This gunshot wound was on the right chest, on the mid-axillary line. The bullet fractured the 5th rib, traversed the lower margin of the right lobe of the liver, soft tissues of the chest and came to rest in the anterior left chest wall, from where it was recovered. The bullet was recovered from the soft tissues of the chest. There was no evidence of close range fire on the skin around the entrance wound.

f) This was a through and through gunshot wound of the right chest, on the mid-axillary line; there was a rim of dense, irregularly distributed stippling around the entrance wound with a maximum diameter of 0.5 inches. This means the muzzle of the gun was very close to the skin. The bullet fractured the posterior arch of the 5th rib, perforated the diaphragm, right lobe of the liver, the 4th intercostal space before exiting on the right side of the back, in the scapular region. The direction of the wound was front to back, right to left and upward.

g) This through and through gunshot wound to the right chest was on the posterior axillary line, and exited on the right side of the back, near the axilla. There was injury to the soft tissues of the chest only. The direction of the wound was front to back.



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h) This gunshot wound to the right chest was on the mid-axillary line; there was a rim of dense stippling around the entrance wound with a maximum width of 0.5 inches with some burning of the skin. The bullet fractured the 7th rib, right diaphragm, right lobe of the liver, left diaphragm and left lower lobe of the lung, from where it was recovered. The direction of the wound was right to left and upward.

i) This gunshot wound to the right chest was on the mid-axillary line, with a rim of dense stippling and full thickness burning of the skin with a maximum width of 0.5" inches. This indicates the muzzle of the gun was almost in contact with the skin as the bullet exited it. In the path of the bullet there was a fracture of the 8th rib, and perforation of the right diaphragm, right lobe of the liver, left diaphragm and a tear in the base of the right ventricle. This injury by itself would have resulted in profuse bleeding into the chest cavity. The bullet was recovered from within the left chest cavity. The direction of the wound was right to left and upward.

There were 800 ml of blood in the left chest cavity, and 150 ml in the right chest cavity.

There were 3 abrasions on the left forehead up to 0.5" in greatest diameter.

The manner of death is homicide.

printed by: cl

Carl Schmitt, M.D., Chief Medical Examiner

January 4, 2016

(report continues on next page)



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Cause of Death:

MULTIPLE GUNSHOT WOUNDS

Other Significant Conditions:

Manner of Death:

Homicide

NARRATIVE SUMMARY

EXTERNAL EXAMINATION:

The body was that of a well developed black male appearing about the recorded age of 35 years. The body measured 5 feet 5 inches in length and weighed 188 pounds. The body was cool, rigor mortis was partially developed, and livor mortis was present posteriorly and fixed. Clothing consisted of a white t-shirt, purple-blue hoodie, green shorts, blue jeans, white-black athletic shoes and a black belt. The head was normocephalic and the scalp hair was short, black and curly. There was a mustache and a thin beard. The eyes had white sclerae, pale conjunctivae, and brown irides. The dentition was natural. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical and unremarkable. The abdomen was rounded. The external genitalia were those of a normal adult circumcised male. The extremities and back showed no significant deformities or other abnormalities. There was a circular scar on the top of the right shoulder. Tattoos consisted of a teardrop under the left eye, a heart on the right proximal arm, "Tonnette" on the left neck, "MONEY" with a dollar sign and a pair of dice on the abdomen, and an illegible design on the right forearm.

EVIDENCE OF INJURY:

There were multiple gunshot wounds (9), as follows:

- a) This was a through and through wound of the left chest, near the midline, 12" from the top of the head and 1" left of the midline. It exited on the left upper back, near the shoulder, 11.5" from the top of the head and 3" left of the midline. In its path, the bullet perforated the 2nd intercostal space, and the left upper lobe of the lung. The direction of the wound was front to back and right to left. There was no evidence of close range fire on the skin around the entrance wound.
- b) This wound was on the right lower quadrant of the abdomen, 27" from the top of the head and 1" right of the midline. The bullet traversed the mesentery, 3rd portion of the duodenum, body of the pancreas, left diaphragm and came to rest in the chest wall adjacent to the 9th rib, from where it was recovered. The direction of the wound was front to back, right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.
- c) This through and through wound was on the right chest, 15.5" from the top of the head on the anterior axillary line. The exit wound is on the left chest near the base of the neck anteriorly, 10" from the top of the head and 1.5" left of the midline. The bullet fractured the 4th rib, traversed the soft tissues of the chest and partially exited at the base of the left side of the neck, from where it was recovered. The direction of the wound was right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.



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- d) This through and through gunshot wound of the right chest was 16" from the top of the head on the anterior axillary line; there was a semicircular area of stippling caudad to the entrance wound that was 1" by 0.5" in greatest dimension. The exit wound was on base of the right neck anterior, 9.5" from the top of the head and 1.5" left of the midline. This bullet also fractured the 4th rib, which was extensively comminuted, traversed the soft tissues of the chest, partially exited at the base of the right neck and migrated to the soft tissues of the left shoulder, from where it was recovered. The direction of the wound was right to left and upward.
- e) This gunshot wound was on the right chest, 16.5" from the top of the head on the mid-axillary line. The bullet fractured the 5th rib, traversed the lower margin of the right lobe of the liver, soft tissues of the chest and came to rest in the anterior left chest wall, from where it was recovered. The bullet was recovered from the soft tissues of the chest. There was no evidence of close range fire on the skin around the entrance wound.
- f) This was a through and through gunshot wound of the right chest, 15.5" from the top of the head on the mid-axillary line; there was a rim of dense, irregularly distributed stippling around the entrance wound with a maximum diameter of 0.5 inches. The bullet fractured the posterior arch of the 5th rib, perforated the diaphragm, right lobe of the liver, the 4th intercostal space before exiting on the right side of the back, in the scapular region, 16.7" from the top of the head and 2" to the right of the midline. The direction of the wound was front to back, right to left and upward. There was no evidence of close range fire on the skin around the entrance wound.
- g) This through and through gunshot wound to the right chest was 16" from the top of the head on the posterior axillary line, and exited on the right side of the back, 15.5" from the top of the head and 4" right of the midline. There was injury to the soft tissues of the chest only. The direction of the wound was front to back.
- h) This gunshot wound to the right chest was 18" from the top of the head on the mid-axillary line; there was a rim of dense stippling around the entrance wound with a maximum width of 0.5 inches with some burning of the skin. The bullet fractured the 7th rib, right diaphragm, right lobe of the liver, left diaphragm and left lower lobe of the lung, from where it was recovered. The direction of the wound was right to left and upward.
- i) This gunshot wound to the right chest was 19.5" from the top of the head, on the mid-axillary line, with a rim of dense stippling and full thickness burning of the skin with a maximum width of 0.5" inches. In the path of the bullet there was a fracture of the 8th rib, and perforation of the right diaphragm, right lobe of the liver, left diaphragm and a tear in the base of the right ventricle. The bullet was recovered from within the left chest cavity. The direction of the wound was right to left and upward.

There were 800 ml of blood in the left chest cavity, and 150 ml in the right chest cavity as a result of these wounds.

There were 3 abrasions on the left forehead up to 0.5" in greatest diameter.

INTERNAL EXAMINATION:

An autopsy was performed utilizing the normal thoraco-abdominal and posterior coronal scalp incisions. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and the viscera were in their normal anatomical positions. Except for the above previously described injuries, the internal systems were as follows:

Head:

No abnormality was noted in the reflected scalp, calvarium, dura, meninges or the base of the skull. The 1300 gm brain was free of neoplastic and other focal lesions, infarcts, and hemorrhages. The cerebral vascular system was unremarkable.

Neck:

No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.



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Cardiovascular System:

The 300 gm heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease. No acute thrombi were present. Both ventricles were of normal size and their walls were of normal thickness. No focal endomyocardial lesions were present. The papillary muscles and chordae tendineae were not thickened, and the heart valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:

The larynx and trachea were unremarkable. The right and left lungs weighed 375 gm and 325 gm, respectively. There was passive congestion in the parenchyma that was accentuated with dependent lividity. There was outlining of the pleural lymphatics by anthracosis. There was emphysema, with well developed apical bullae bilaterally that were up to 3 cm in greatest diameter. No pulmonary emboli were identified.

Hepatobiliary System:

The 1400 gm liver had firm dark tan surfaces and an unremarkable parenchymal pattern. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:

The 100 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:

The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and it was empty.

Pancreas:

The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:

The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:

The right and left kidneys weighed 100 gm and 125 gm, respectively. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:

Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

Routine tissue specimens were retained in formalin for one year after autopsy in accordance with the current record retention schedule.

PATHOLOGIC DIAGNOSES:

1. Multiple gunshot wounds.
2. Emphysema, with bilateral apical bullae.

(End of Report)

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