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P A T H O L O G Y

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Autopsy and Anatomic Pathology  
Clinical Pathology and Toxicology  
Forensic Pathology

Neuropathology  
Epidemiology  
Medico-Legal Consultations

**AUTOPSY REPORT**

NAME: CRAIG ELLIS SEE

AUTOPSY NO.: LC19-239  
C19120322

DATE OF BIRTH: November 8, 1985

AGE: 34 years old

SEX: Male

RACE: White

DATE OF DEATH: December 28, 2019

CONFIRMED DEAD: 10:15 P.M.

PLACE OF DEATH: 13090 East State Highway 20  
Clearlake Oaks, CA 95423

The full autopsy prosection was performed on January 3, 2020 beginning at approximately 07:45 A.M. and ending at approximately 10:19 A.M.

Bennet I. Omalu, MD, MBA, MPH, CPE, DABP-AP,CP,FP,NP  
Forensic Pathologist/Neuropathologist, Prosector

Michelle Hernandez and Alexandra Vitorino, Autopsy Room Assistants

Also present at the autopsy are the following: Investigator Scott Poma from the Lake County Office of District Attorney, and Tamara Mitchell Evidence Technician from the Lake County Sheriff's Department.

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## FINAL PATHOLOGICAL DIAGNOSES

### I. GUNSHOT WOUNDS OF THE TRUNK [x5]

#### 1. GUNSHOT WOUND OF THE TRUNK [BULLET RECOVERED]

- a. Gunshot wound of entrance: left medial anterior caudal chest
  1. Circumferential marginal abrasion
  2. Circumferential marginal contusions
  3. No soot deposits or powder stippling
- b. Pathway of the bullet:
  1. Perforation, contusion and laceration, skin and soft tissues of the left medial anterior caudal chest
  2. Perforation and fracture, left anterior 6<sup>th</sup> costal cartilage
  3. Perforation, contusion and laceration, anterior mediastinum and the anterior pericardium
  4. Perforation, contusion and laceration, apical anterior interventricular septum and right ventricle
  5. Perforation, contusion and laceration, trabeculae carneae of the apical right ventricle and interventricular septum
  6. Perforation, contusion and laceration, posterior wall of the apical right ventricle and interventricular septum
  7. Perforation, contusion and laceration, posterior pericardium
  8. Perforation, contusion and laceration, central diaphragm and left hemi-diaphragm
  9. Perforation, contusion and laceration, left lobe of the liver
  10. Perforation, contusion and laceration, body of the stomach
  11. Perforation, contusion and laceration, left adrenal gland and perirenal adipose tissues and soft tissues
  12. Perforation, contusion and laceration, left retroperitoneum
  13. Perforation, contusion and laceration, soft tissues and subcutaneous tissue of the left medial thoracolumbar back
  14. Mutilating and extensive contusions and lacerations of the apical interventricular septum and the right ventricle, through and through
  15. Myofibrillary cytolysis with contraction band necrosis and cytoplasmic hypereosinophilia

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16. Extensive contusions and lacerations of the anterior and posterior pericardium
  17. Hemopericardium, approximately 50 cc
  18. Hemothorax, left, approximately 500 cc
  19. Hemothorax, right, approximately 300 cc
  20. Hemoperitoneum, approximately 600 cc
  21. Extensive contusions and lacerations of the left lobe of the liver
  22. Through and through perforating contusions and lacerations of the anterior and posterior body of the stomach
  23. Extensive contusions and lacerations of the left retroperitoneum and peri-renal soft tissues and adipose tissues
  24. Extensive contusions and lacerations of the left adrenal gland
  25. Extensive contusions of the inferior lower lobe of the left lung
  - c. Recovery of bullet: subcutaneous tissue of left medial thoracolumbar back
  - d. Trajectory of the bullet: backward, downward and slightly leftward
2. GUNSHOT WOUND OF THE TRUNK [BULLET RECOVERED]
- a. Gunshot wound of entrance: left anterolateral caudal chest
    1. Circumferential marginal abrasion accentuated superiorly
    2. Circumferential marginal contusions accentuated inferiorly
    3. No soot deposits or powder stippling
  - b. Pathway of the bullet:
    1. Perforation, contusion and laceration, skin and soft tissues of the left anterolateral caudal chest
    2. Perforation, contusion and laceration, soft tissues of the 6<sup>th</sup> anterior intercostal space
    3. Perforation, contusion and laceration, anterior mediastinum
    4. Perforation, contusion and laceration, lower lobe of the left lung
    5. Perforation, contusion and laceration, left medial hemi-diaphragm
    6. Perforation, contusion and laceration, spleen
    7. Perforation, contusion and laceration, left peri-renal soft tissues and adipose tissues and the left retroperitoneum
    8. Perforation, contusion and laceration, deep muscular tissues of the left lumbar back
    9. Extensive contusions and lacerations of the inferior lower lobe of the left lung
    10. Hemothorax, left, approximately 500 cc
    11. Extensive contusions and lacerations of the left hemi-diaphragm

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12. Extensive contusions and lacerations of the spleen, left peri-renal and retroperitoneal soft tissues and adipose tissues
  13. Extensive contusions and lacerations of the soft tissues of the left lumbar back
  14. Hemoperitoneum, approximately 600 cm
  - c. Recovery of the bullet: deep muscular soft tissues of left medial lumbar back
  - d. Trajectory of the bullet: backward, downward and slightly rightward
3. GUNSHOT WOUND OF THE TRUNK [BULLET RECOVERED]
- a. Gunshot wound of entrance: left postero-lateral caudal abdomen
    1. Circumferential marginal abrasion
    2. Circumferentially surrounding marginal soot deposits accentuated posteriorly and superiorly
    3. No powder stippling
  - b. Pathway of the bullet:
    1. Perforation, contusion and laceration, skin and soft tissues of the left postero-lateral abdomen
    2. Perforation, contusion and laceration, soft tissues of the left retroperitoneum
    3. Perforation and fracture, lumbar vertebrae
    4. Perforation, contusion and laceration, soft tissues of the right lumbar
    5. Extensive soft tissue hemorrhages
    6. Fractures of the lumbar vertebrae
  - c. Recovery of the bullet: deep soft tissues of the right lumbar back
  - d. Trajectory of the bullet: backward, downward and rightward
4. GUNSHOT WOUND OF THE THORACIC BACK [THROUGH AND THROUGH]
- a. Gunshot wound of entrance: left lateral caudal thoracic back
    1. Ragged margins with circumferential marginal abrasions accentuated inferiorly and laterally
    2. Protuberant skin tag extending from the medial margin of the wound into the wound
    3. No soot deposit or powder stippling
  - b. Pathway of the bullet:
    1. Perforation, contusion and laceration, skin and soft tissues of the left lateral caudal thoracic back

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2. Perforation, contusion and laceration, soft tissues, subcutaneous tissues and skin of the left medial caudal thoracic back
  3. Soft tissue hemorrhages without penetration of the truncal cavities
  - c. Gunshot wound of exit: left medial caudal thoracic back
  - d. Trajectory of the bullet: backward, upward and rightward.
5. GUNSHOT WOUND OF THE TRUNK [THROUGH AND THROUGH]
- a. Gunshot wound of entrance: left lateral lumbar back
    1. Ragged margins with circumferential marginal abrasions accentuated inferiorly and laterally
    2. Protuberant skin tag extending from the medial margin of the wound into the wound
    3. No soot deposit or powder stippling
  - b. Pathway of the bullet:
    1. Perforation, contusion and laceration, skin and soft tissues of the left lateral lumbar back
    2. Perforation, contusion and laceration, soft tissues, subcutaneous tissues and skin of the left lumbar back
    3. Minimal soft tissue hemorrhages without penetrating the truncal cavities
  - c. Gunshot wound of exit: left lumbar back
  - d. Trajectory of the bullet: backward, upward and rightward
- II. OTHER TRAUMA
- a. Abrasions of the right dorsal frontal scalp
  - b. Contusions of the left lateral temporal, frontal and parietal scalp
  - c. Abrasions and contusions of the left anterior cheek, the left lateral peri-orbital cheek, the left lateral supra-orbital ridge and the caudal lateral forehead
  - d. Longitudinal curvilinear abrasion of the left anterior forehead and eyebrow
  - e. Longitudinal curvilinear abrasion of the left anterior forehead
  - f. Patterned abrasions and contusions of the right medial anterior forehead, eyebrow and supra-orbital ridge
  - g. Contusion of the right mucosal lower lip

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### III. ACUTE METHAMPHETAMINE INTOXICATION

- a. Heart blood d-Methamphetamine level: 3.53 mg/L
- b. Heart blood d-Amphetamine level: 0.64 mg/L
- c. Heart blood Ethyl Alcohol level: 0.02 grams%
- d. Urine Ethyl Alcohol level: Negative
- e. No Bath Salts<sup>1</sup> detected in heart blood
- f. No Synthetic Cannabinoids detected in heart blood
- g. No Cannabinoids detected in heart blood

### IV. PULMONARY EDEMA AND CONGESTION, ACUTE, SEVERE [LUNG WEIGHTS: RIGHT- 500 GRAMS; LEFT- 480 GRAMS]

### V. CONGESTIVE BRAIN SWELLING, GLOBAL, WITH DIFFUSE CEREBRAL PARENCHYMAL EDEMA, ACUTE, BRAIN WEIGHT: 1580 GRAMS

- a. Selective neuronal excitotoxic injury, with selective topographic vulnerability

### VI. STATUS, POST REMOTE THORACOSTOMY AND STERNOTOMY

- a. Remote healed mid-sagittal longitudinal sternotomy
- b. Diffuse fibrous adhesions and fibrosis, pericardium and epicardium, with partial obliteration of the pericardial cavity
- c. Partially calcified post-surgical fibrous plaque, interatrial septum with accompanying residual surgical sutures in the margins

### VII. ORTHOPEDIC SCREWS, PINS AND RODS, BILATERAL PELVIC BONES AND SACROILIAC BONES AND JOINTS

- a. Status, post fall from a tree, clinical history, June 2019, UC-Davis Medical Center
  - i. Acute, comminuted fracture of the left inferior and superior pubic rami extending to the left acetabulum, clinical history

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<sup>1</sup> Cathinone, Methcathinone, Methylone, Mephedrone, MDPV, and alpha-PVP

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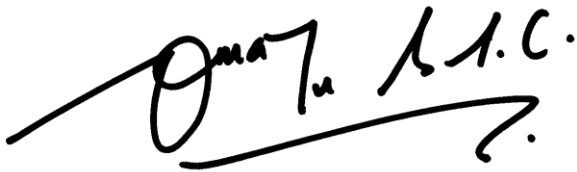
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- ii. Acute comminuted and mildly displaced left obturator ring fractures extending to the left acetabulum, clinical history
- iii. Acute, comminuted fracture of the left sacral ala and left transverse processes of L4-5, clinical history
- iv. Extraperitoneal pelvic hemorrhages, clinical history
- v. Left periorbital soft tissue hematoma and subcutaneous emphysema in extra-conal space secondary to minimally displaced fracture left orbital floor, clinical history
- vi. Status, post fixation of the sacral with S1 ilio-sacral and S2 trans-iliac and trans-sacral screws, clinical history
- vii. Status, post fixation of the left acetabular fracture with anterior post-surgical screws, clinical history

### OPINION:

CRAIG ELLIS SEE, a 34-year-old White male, died as a result of Gunshot Wounds of the Trunk.

Handwritten signature in black ink, appearing to read "Omalu B.I.C." with a flourish underneath.

/7444

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Bennet I. Omalu, MD, MBA, MPH, CPE, DABP-AP, CP, FP, NP  
Forensic Pathologist/Neuropathologist  
President and Medical Director, Bennet Omalu Pathology  
01/30/20

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### EXTERNAL EXAMINATION

The body is received wrapped in white plastic body wraps, which had been secured in four parts with adhesive clear tape. Partially inscribed on the white plastic body wraps are the following: "SEE".

Upon removal of the body wraps the body is found in a black body bag. The zipper of the body bag had been sealed with a red zip lock tag, which is, in part, inscribed with "SEE CRAIG".

There is also a white coroner nametag attached to one of the handles of the body bag which is, in part, inscribed with "SEE, CRAIG".

The body is removed from the body bag. There is no other identifying nametag on the body.

Separately accompanying the body, in a thumb drive, presented to the autopsy suite by Investigator Poma, are digital photographs of the scene, which are reviewed and saved.

Separately accompanying the body, in compact disk, presented to the autopsy suite by investigator Poma, are whole body digital CT scans, which are reviewed and reveal radiopaque orthopedic screws, pins and rods in the bilateral pelvic bones and sacroiliac bones and joints. There are three radiopaque bullets in the trunk, two in the left lumbar region and one in the



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right lumbar region. The bullets will be recovered and described below. The compact disk and CT scans are saved.

The body is that of a well-developed, muscular and well-nourished White male weighing approximately 185 pounds, measuring approximately 68.5 inches and appearing to be consistent with the stated age of 34 years old.

The body is clad in the following articles of clothing:

1. Gray winter jacket
2. Multicolored neck gaiter around the neck
3. Multicolored padded shirt
4. Black hooded sweatshirt
5. Green long sleeve shirt
6. Blue jean pants
7. Gray sweatpants
8. Brown belt
9. Black-gray socks
10. Brown boots

There is a black fabric holster attached to the right anterolateral belt and contains a white metal Leatherman-type folding multi-tool.

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There is brown leather knife sheath attached to the left anterolateral belt and is empty.

The articles of clothing are diffusely dirty especially the winter jacket and the padded shirt. The articles of clothing are soiled by amorphous earth, straw and grass situated in a random patchy fashion accentuated over the external layers of clothing. The winter jacket reveals seven perforating tears and defects in the back with three of the defects located in the left lateral back showing surrounding soot deposits. The winter jacket is soiled by blood situated in a patchy random fashion accentuated in the left aspects. The padded shirt is extensively soiled by blood situated in a patchy random fashion accentuated in the left aspects and reveals two perforating defects in the left anterior aspects and five perforating defects in the left back. Two defects in the left lateral back reveal surrounding searing effects. The hooded sweatshirt reveals two perforating defects in the left front and three perforating defects in the left lateral back, one perforating defect in the left mid back and one perforating defect in the right lower mid back. The sweatshirt is soiled by blood situated in a patchy random fashion accentuated in the left anterior aspects. The long sleeve shirt is extensively soiled by blood situated in a random patchy fashion accentuated in the left anterior and right upper anterior parts. There are two perforating defects in the left anterior parts and six perforating defects in the

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left back with two defects in the left lateral back located together. The multicolored neck gaiter reveals an amorphous perforating defect.

The articles of clothing are placed on clean white sheets on an autopsy trolley, photographed, documented and handed over to Investigator Poma.

No article of jewelry is found on the body at autopsy.

The right and left wrists had been bound together in the right lumbar back with two white metal handcuffs, which had been connected to each other, with one cuff around each wrist. Upon request, Investigator Poma unlocked the handcuffs and removed them from the body. The handcuffs are photographed and documented and handed back over to Investigator Poma.

The body is unembalmed and reveals the following evidence of post-mortem and early decompositional changes:

1. Rigor mortis is mildly developed in the joints of the extremities.
2. Purple, sparse, partially-fixed livor mortis is noted over the dorsal surfaces of the body except in areas exposed to pressure where it is absent.
3. There is patchy purple marbling of the right and left lateral trunk.

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4. There is focal green cutaneous discoloration of the right lower abdominal quadrant.

The body had been refrigerated and the temperature of the body is cold to the touch.

The body reveals the following other identifying features:

1. There is a 21 x 1.5 cm mid-sagittal longitudinal surgical scar on the anterior chest extending from the suprasternal notch to the xiphisternum.
2. There is a 1.5 x 0.2 cm oblique scar on the left lateral parietal scalp.
3. There is a 3 x 0.2 cm oblique scar on the left dorsal posterior frontal scalp.
4. There is a 3.2 x 0.2 cm oblique scar on the left lateral eyebrow and supraorbital ridge.
5. There are three irregular scars on the left lateral hip and pelvis two measuring 1.5 x 0.5 cm and the third measuring 1.1 x 0.5 cm.
6. There are sparse brown dystrophic changes of the bilateral distal legs and dorsal feet.
7. There are multiple randomly situated tan nevi on the bilateral face, trunk, upper and lower extremities measuring from 0.3 x 0.2 cm to 0.8 x 0.5 cm.

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The body reveals the following evidence of medical intervention:

1. There are adhesive electrocardiograph electrodes on the bilateral lower extremities.

There is sparse randomly situated soiling of the face, trunk, upper and lower extremities by amorphous earth and grass. There is focal random blood soiling of the bilateral face. There is patchy blood soiling of the right palm. There is patchy random blood soiling of the bilateral chest and abdomen accentuated over the left chest and axilla.

The body reveals the following evidence of trauma:

### I. GUNSHOT WOUNDS OF THE TRUNK [x5]

#### 1. GUNSHOT WOUND OF THE TRUNK [BULLET RECOVERED]

##### a. Gunshot wound of entrance:

There is a 1.1 x 0.9 cm oval perforating wound of the left medial anterior caudal chest located 4.5 cm left of the anterior midline and 46 cm below the level of

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the top of the head showing a 0.1 cm in width red-pink circumferential marginal abrasion accompanied by 0.3 to 0.5 cm in width red-pink circumferential marginal contusions without soot deposits or powder stippling.

b. Pathway of the bullet:

The bullet perforated, contused and lacerated the skin and soft tissues of the left medial anterior caudal chest, perforated and fractured the left anterior 6<sup>th</sup> costal cartilage, perforated, contused and lacerated the anterior mediastinum and the anterior pericardium, perforated, contused and lacerated the apical anterior interventricular septum and right ventricle, perforated, contused and lacerated the trabeculae carneae of the apical right ventricle and interventricular septum, perforated, contused and lacerated the posterior wall of the apical right ventricle and interventricular septum, perforated, contused and lacerated the posterior pericardium, perforated, contused and lacerated the central diaphragm and the left hemi-diaphragm, perforated, contused and lacerated the left lobe of the liver, perforated, contused and lacerated the body of the stomach, perforated, contused and lacerated the left adrenal gland and peri-renal adipose tissues and soft tissues, perforated, contused and lacerated the left retroperitoneum, perforated, contused and lacerated the soft tissues and subcutaneous tissue of the left medial thoracolumbar back where it came to settle.

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Accompanying the track of the bullet are mutilating and extensive contusions and lacerations of the apical interventricular septum and the right ventricle with through and through anterior and posterior perforating contusions and lacerations, extensive contusions and lacerations of the anterior and posterior pericardium, approximately 50 cc of hemopericardium, approximately 500 cc of left hemothorax, approximately 300 cc of right hemothorax, approximately 600 cc of hemoperitoneum, extensive contusions and lacerations of the left lobe of the liver. There are through and through perforating contusions and lacerations of the anterior and posterior body of the stomach, extensive contusions and lacerations of the left retroperitoneum and peri-renal soft tissues and adipose tissues, extensive contusions and lacerations of the left adrenal gland. There are extensive contusions of the inferior lower lobe of the left lung.

c. Recovery of bullet:

A bullet impression is palpated in the subcutaneous tissue of the left medial thoracolumbar back and using a scalpel blade a superficial incision is made to recover a moderately deformed petalized jacketed bullet embedded in the subcutaneous tissue of the left medial thoracolumbar back located approximately 6 cm left of the posterior midline and 62 cm below the level of the top of the head. The bullet is recovered and using digital calipers the diameter of the deformed residual base of the bullet is measured in two separate planes and reveal approximate calibers

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of 0.347 inches and 9.37 mm. the bullet is photographed, documented and handed over to Investigator Poma.

d. Trajectory of the bullet:

The direction of the bullet is backward, downward and slightly leftward.

2. GUNSHOT WOUND OF THE TRUNK [BULLET RECOVERED]

a. Gunshot wound of entrance:

There is a 1.1 x 0.9 cm oval perforating wound of the left anterolateral caudal chest located approximately 8 cm left of the anterior midline and 50.5 cm below the level of the top of the head showing a 0.1 to 0.4 cm in width red-pink circumferential marginal abrasion accentuated superiorly, accompanied by a 0.4 to 1.0 cm in width red-purple circumferential marginal contusions accentuated inferiorly. There are no soot deposits or powder stippling.

b. Pathway of the bullet:

The bullet perforated, contused and lacerated the skin and soft tissues of the left anterolateral caudal chest, perforated, contused and lacerated the soft tissues of the 6<sup>th</sup> anterior intercostal space, perforated, contused and lacerated the anterior mediastinum, perforated, contused and lacerated the lower lobe of the left lung, perforated, contused and lacerated the left medial hemi-diaphragm, perforated,



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contused and lacerated the spleen, perforated, contused and lacerated the left peri-renal soft tissues and adipose tissues and the left retroperitoneum, perforated, contused and lacerated the deep muscular tissues of the left lumbar back where it came to settle.

Accompanying the track of the bullet are extensive contusions and lacerations of the inferior lower lobe of the left lung, approximately 500 cc of left hemothorax, extensive contusions and lacerations of the left hemi-diaphragm, extensive contusions and lacerations of the spleen, left peri-renal and retroperitoneal soft tissues and adipose tissues, extensive contusions and lacerations of the soft tissues of the left lumbar back and approximately 600 cm of hemoperitoneum.

c. Recovery of the bullet:

A moderately deformed petalized jacketed bullet is recovered embedded in the deep muscular soft tissues of the left medial lumbar back located approximately 5.8 cm left of the posterior midline and 65 cm below the level of the top of the head. The bullet is recovered and using digital calipers the mildly deformed residual base of the bullet is measured in two separate planes and reveals approximate calibers of 0.347 inches and 9.02 mm. the bullet is photographed, documented and handed over to Investigator Poma.

d. Trajectory of the bullet:

The direction of the bullet is backward, downward and slightly rightward.

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### 3. GUNSHOT WOUND OF THE TRUNK [BULLET RECOVERED]

#### a. Gunshot wound of entrance:

There is a 0.6 cm in diameter perforating wound of the left postero-lateral caudal abdomen located approximately 69 cm below the level of the top of the head and 21 cm left of the posterior midline showing a 0.1 cm in width red-pink circumferential marginal abrasion with circumferentially surrounding 1.6 x 1.5 cm marginal soot deposits accentuated posteriorly and superiorly. There is no powder stippling.

#### b. Pathway of the bullet:

The bullet perforated, contused and lacerated the skin and soft tissues of the left postero-lateral abdomen, perforated, contused and lacerated the soft tissues of the left retroperitoneum, perforated and fractured the lumbar vertebrae, perforated, contused and lacerated the soft tissues of the right lumbar back where it came to settle.

Accompanying the track of the bullet are extensive soft tissue hemorrhages and fractures of the lumbar vertebrae.

#### c. Recovery of the bullet:

A moderately deformed jacketed petalized bullet is recovered embedded in the deep soft tissues of the right lumbar back. Using digital calipers, the diameter of the mildly deformed base of the bullet is measured in two separate planes and reveals

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approximate calibers of 8.84 mm and 0.350 inches respectively. The bullet is photographed, documented and handed over to Investigator Poma.

d. Trajectory of the bullet:

The direction of the bullet is backward, downward and rightward.

4. GUNSHOT WOUND OF THE THORACIC BACK [THROUGH AND THROUGH]

a. Gunshot wound of entrance:

There is a 3 x 1 cm ellipsoid perforating wound of the left lateral caudal thoracic back located 58 cm below the level of the top of the head and 14.5 cm left of the posterior midline with ragged margins showing 0.1 to 0.9 cm in width red-pink circumferential marginal abrasions accentuated inferiorly and laterally. There is a protuberant skin tag extending from the medial margin of the wound into the wound. There is no soot deposit or powder stippling.

b. Pathway of the bullet:

The bullet perforated, contused and lacerated the skin and soft tissues of the left lateral caudal thoracic back, perforated, contused and lacerated the soft tissues, subcutaneous tissues and skin of the left medial caudal thoracic back to exit.

Accompanying the track of the bullet are soft tissue hemorrhages. There is no penetration of the truncal cavities.

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c. Gunshot wound of exit:

There is a 1.8 x 1.4 cm oval perforating wound of the left medial caudal thoracic back located 56 cm below the level of the top of the head and 7 cm left of the posterior midline showing ragged margins and 0.1 to 0.4 cm in width red-pink circumferential marginal abrasions accentuated medially and superiorly accompanied by 0.5 to 1.5 cm in width purple-red circumferential marginal contusions accentuated laterally and inferiorly. There are no soot deposits or powder stippling.

d. Trajectory of the bullet:

The direction of the bullet is backward, upward and rightward.

5. GUNSHOT WOUND OF THE TRUNK [THROUGH AND THROUGH]

a. Gunshot wound of entrance:

There is a 2.5 x 1.0 cm ellipsoid perforating wound of the left lateral lumbar back located 73.3 cm below the level of the top of the head and 14.5 cm left of the posterior midline showing ragged margins and 0.1 to 0.8 cm in width red-pink circumferential marginal abrasions accentuated inferiorly and laterally. There is a protuberant skin tag extending from the medial margin of the wound into the wound. There is no soot deposit or powder stippling.

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b. Pathway of the bullet:

The bullet perforated, contused and lacerated the skin and soft tissues of the left lateral lumbar back, perforated, contused and lacerated the soft tissues, subcutaneous tissues and skin of the left lumbar back to exit.

Accompanying the track of the bullet are minimal soft tissue hemorrhages without penetrating any truncal cavity.

c. Gunshot wound of exit:

There is a 1.3 x 1.0 cm oval perforating wound of the left lumbar back located 70.7 cm below the level of the top of the head and 7 cm left of the posterior midline showing ragged margins with 0.2 to 0.3 cm in width white-pink circumferential marginal abrasions without soot deposits or powder stippling.

d. Trajectory of the bullet:

The direction of the bullet is backward, upward and rightward.

## II. OTHER TRAUMA

1. There are 7.5 x 1 cm red-pink abrasions of the right dorsal frontal scalp.
2. There are 12.5 x 10 cm red-pink contusions of the left lateral temporal, frontal and parietal scalp.

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3. There are 12 x 2.5 cm red-pink abrasions and contusions of the left anterior cheek, the left lateral peri-orbital cheek, the left lateral supra-orbital ridge and the caudal lateral forehead.
4. There is a 7.5 x 0.2 cm red-pink longitudinal curvilinear abrasion of the left anterior forehead and eyebrow accompanied by another 5.3 x 0.1 cm red-pink longitudinal curvilinear abrasion of the left anterior forehead; both are parallel and is located 1.4 cm apart.
5. There are 7 x 4 cm patterned red-pink abrasions and contusions of the right medial anterior forehead, eyebrow and supra-orbital ridge.
6. There is a 3 x 1.5 cm red-pink contusion of the right mucosal lower lip.

The head and face are symmetrical and reveal evidence of trauma, which has been described above. The scalp hair is brown in color and measures approximately 0.5 cm in maximal length and shows frontal-parietal balding. The eyeballs and orbits are intact. The conjunctivae are pale and reveal no petechial hemorrhages. The corneae and sclerae are smooth and clear. The pupils are central, equal and symmetrical and measure 0.3 cm in diameter. The irises are hazel. The pinnae and external auditory meati are intact. The

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skeleton of the nose is intact. There is no foreign material in the nostrils or oral cavity. The maxillary and mandibular gums are not hypertrophied. The maxillary and mandibular teeth are natural and are in a good state of dental repair. The oral mucosa is intact. The lips reveal evidence of trauma, which has been described above. The tongue is intact. The frenulae of the lips are intact.

A brown short moustache and beard are present and measure approximately 0.5 cm in maximal length.

The neck is symmetrical and reveals no evidence of trauma. There is no increased mobility of the neck on manipulation.

The shoulders and chest are symmetrical and reveal evidence of trauma, which has been described above.

The abdomen is bulging and reveals no palpable organomegaly.

The back is symmetrical and reveals evidence of trauma, which has been described above.

The penis and scrotum are unremarkable. The testes are palpated within the scrotum and appear unremarkable. The ano-rectum reveals no evidence of trauma, and contains no hemorrhage or foreign material.

The extremities are symmetrical and reveal no evidence of trauma or anomaly. The fingernails are short and regular. There are no broken fingernails. There are minimal amounts of amorphous black dirt underneath

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the fingernails. The toenails are short and regular. There is no pitting ankle or leg edema. The palms and soles are otherwise smooth.

The following additional evidence are obtained from the body before the body is washed:

1. All fingernail cuttings
2. Samples of scalp hair
3. Samples of facial hair

All additional are handed over to Investigator Poma.



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### INTERNAL EXAMINATION

#### BODY CAVITIES:

The body is opened by a "Y" shaped incision. The abdominal panniculus measures 3 cm in thickness, at the level of the umbilicus. The muscles of the chest and abdominal wall appear normal in color and consistency. There are fractures of the left 6<sup>th</sup> rib and lumbar vertebrae, along the tracks of the bullets, which have been described above. There are no fractures of the sternum. There is a remote healed mid-sagittal longitudinal sternotomy. The domes of the diaphragm are normally positioned and reveal evidence of trauma, which has been described above. The pleural cavity reveals evidence of trauma, which has been described above. The peritoneal cavity reveals evidence of trauma, which has been described above. There are diffuse ecchymoses and erythema of the soft tissues and internal viscerae of the left upper abdominal quadrant. The liver and spleen do not extend below the costal margins. The bladder lies below the level of the pubic symphysis. The organs of the pleural and peritoneal cavities are in the normal anatomic positions in relation to one another in-situ. The mesentery and omentum are diffusely erythematous and ecchymotic especially the greater omentum. The pulmonary artery is opened in situ and no thrombo-emboli are seen.

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At this time, representative samples of heart blood, urine, bile and vitreous humor are taken and saved.

### CARDIOVASCULAR SYSTEM:

The heart weighs 440 grams. The pericardium and epicardium show diffuse fibrosis and fibrous adhesions with partial obliteration of the pericardial cavity. The epicardial surfaces reveal extensive mutilating through and through contusions and lacerations along the track of the bullet, which have been described above. There is a moderate amount of epicardial fat. The external configuration of the heart is within normal limits. The walls of the ventricles are not hypertrophied. The atrioventricular chambers are not dilated. The endocardium reveals a 3 x 1.5 cm partially calcified white post-surgical fibrous plaque in the interatrial septum with accompanying residual surgical sutures in the margins. The endocardium and valve leaflets otherwise reveal no thrombi or vegetations. The circumferences of the valves are as follows: tricuspid 13.0 cm; pulmonic 7.7 cm; mitral 10.6 cm; and aortic 7.2 cm. The trabeculae carneae and papillary muscles are hypertrophied. The chordae tendineae are non-sclerotic. The wall of the right ventricle measures 0.4 cm in greatest thickness. The wall of the left ventricle measures 1.4 cm in greatest thickness. The interventricular septum measures 1.5 cm in greatest thickness. The coronary arteries exhibit a normal anatomic distribution with a right

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predominance. The right and left coronary ostia are patent. Multiple cut sections of the coronary arteries at 1.0 cm intervals reveal no significant degree of atherosclerosis or other anomalies. The myocardium is firm, red-brown and reveals transmural contusions and lacerations, which have been described above.

The aorta is lined by a tan-yellow tunica intima and reveals focal atheromatous streaking and plaques with no ulceration or calcification. The internal carotid arteries are patent. The bifurcation of the common iliac arteries is patent. The major veins show no thrombo-emboli. The venae cavae are unremarkable.

### RESPIRATORY SYSTEM:

The right lung weighs 500 grams and the left lung weighs 480 grams. The left lung reveals evidence of trauma, which has been described above. The trachea shows a smooth congested red-tan mucosa. The lungs are distended and are variegated pink-red to gray-purple. The lung parenchyma is of spongy consistency and mottled with a moderate amount of anthracotic pigment. Multiple cut sections exhibit a variegated red-pink to gray-purple, non-crepitant, parenchyma with focal lobar contusions, which have been described above. The lung parenchyma is severely congested and edematous. No purulent exudate is expressed from the parenchyma on compression.

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The extra- and intra-pulmonary bronchi are opened longitudinally, are patent, congested and contain sero-mucoid fluid. The pulmonary arteries and veins are intact. There is no peri-hilar or mediastinal lymphadenopathy.

### HEPATOBIILIARY SYSTEM:

The liver weighs 1590 grams and reveals evidence of trauma, which has been described above. The capsule of Glisson is otherwise glistening. The external surfaces are otherwise brown-red. The borders are sharp. The parenchyma is soft, brown-red and shows a lobular tissue architecture with through and through extensive contusions and lacerations of the left lobe of the liver along the track of the bullet, which have been described above.

The gallbladder reveals thin walls and a velvety mucosa. It contains approximately 5 cc of yellow-green bile without gallstones. The intra- and extra-hepatic biliary ducts are patent. The hepatic and portal veins and the hepatic artery are otherwise intact.

### HEMOLYMPHATIC SYSTEM:

The spleen weighs 110 grams and reveals evidence of trauma, which has been described above. The consistency appears to be within normal limits. The capsule is otherwise glistening. The corpuscles of Malpighii are blurred due to congestion. The parenchyma is homogeneous and shows extensive contusions and lacerations, which have been described above. There is no central or

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peripheral lymphadenopathy. An involuted residual thymus is found in the superior mediastinum and appears unremarkable.

### GASTROINTESTINAL SYSTEM:

The esophagus contains no foreign material or regurgitated gastric contents, and reveals no focal mucosal lesions. The stomach contains no recoverable gastric contents. The gastric contents appear to have been extruded into the peritoneal cavity. There are through and through extensive contusions and lacerations of the anterior and posterior walls of the stomach, which have been described above. There are no identifiable pills or capsules in the stomach or peritoneal cavity. The mucosa of the stomach shows diffuse erythema and ecchymoses. The duodenum, jejunum, ileum and colon are otherwise intact and reveal no segmental stenosis or infarction. The vermiform appendix is identified and shows no gross inflammation. The left retroperitoneum reveals evidence of trauma, which has been described above.

### ENDOCRINE SYSTEM:

The pancreas weighs 170 grams and reveals diffuse peri-pancreatic erythema and ecchymoses. The parenchyma is gray-pink and homogeneous, and shows a lobular, septated parenchyma without hemorrhages or necrosis.

The left adrenal gland reveals extensive contusions and lacerations, which have been described above. Multiple cut sections of the right adrenal

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gland reveal a thin yellow-tan cortex and yellow-tan medullae without hyperplasia, hemorrhage or adenoma.

The thyroid gland weighs 25 grams. The parenchyma is red-brown and homogenous.

### UROGENITAL SYSTEM:

The kidneys are in the normal anatomic positions and reveal no anomalies. The right kidney weighs 130 grams and the left kidney weighs 130 grams. The capsular surfaces are smooth and glistening. The capsules strip with ease and reveal smooth brown surfaces. The cortices are not sclerotic, are brown-red and homogeneous. The medullary pyramids are intact. The cortico-medullary junctions are well-defined. The renal papillae show no hemorrhage or necrosis. The calyceal and collecting systems are unremarkable. The renal arteries and veins are unremarkable.

The ureters are not dilated or obstructed.

The bladder contains approximately 50 cc of clear amber yellow urine and reveals a smooth, tan-pink mucosa with no papillary lesions. The ureteral orifices are patent.

The internal genitalia, including the prostate, vas deferens and epididymis, appear unremarkable.

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### MUSCULOSKELETAL SYSTEM:

There are no musculoskeletal anomalies. There is evidence of musculoskeletal trauma, which has been described above. The muscles are well-developed and of the normal color and consistency without sarcopenia. The spinal column and vertebral bodies reveal fractures, which have been described above. There are no marked gross spinal osteo-degenerative changes. The sternum, ribs, and spine exhibit a normal bone density. The bone marrow reveals no gross nodules.

### NECK:

The soft tissues of the neck and the anterior strap muscles show no hemorrhages. The thyroid and cricoid cartilages, larynx, and hyoid bone show no fractures. The larynx reveals a white-pink smooth mucosa and contains no frothy fluid. The epiglottis and vocal cords are red-pink and intact. The neck has been examined at the conclusion of the autopsy, after the blood has drained and the tissues are dry.

### CENTRAL NERVOUS SYSTEM:

The scalp is reflected from mastoid process to mastoid process and reveals no subcutaneous or subgaleal hemorrhage. The calvarium is intact without fractures. Upon removal of the calvarium, there are no epidural or subdural hemorrhages. The dura mater is white, smooth, and does not exhibit

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any xanthochromia or membranes. The leptomeninges are smooth and glistening.

The brain weighs 1580 grams and shows no cortical contusions, infarcts or hemorrhages. The cerebral and cerebellar hemispheres are symmetrical. The pattern of gyral and sulcal convolutions appears to be within normal limits. There is diffuse, symmetrical expansion of the gyri and compression of the sulci, accompanied by bilateral symmetrical grooving of the unci and cerebellar tonsils without necrosis. The cranial nerves are identified and show no atrophy or tumor. The vessels of the Circle of Willis and the Basilar/ Vertebral arteries reveal no anomalies, significant atherosclerosis or aneurysms. Multiple cut sections of the brain reveal an intact cortical gray ribbon with a distinct gray-white matter demarcation. The ventricles are symmetrically compressed and contain no exudate or extravasate. The centrum semiovale reveals central congestion and edema without any hemorrhage, demyelination or infarct. The corpus callosum is not atrophic and reveals no focal necrosis or hemorrhage. The basal ganglia reveal no atrophy, lacunar infarcts or hemorrhages. The mamillary bodies and hippocampi reveal no atrophy, dysplasia, necrosis or hemorrhage. The midbrain, pons and medulla reveal no parenchymal necrosis or hemorrhage in the colliculi, tegmentum and basis pontis. There are no dorsolateral hemorrhages. The basis pontis shows no central myelinolysis. The



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substantia nigra and locus ceruleus appear adequately pigmented for age. The inferior olivary nuclei show no hemorrhagic necrosis. The cerebellum shows no dysplasia or folial atrophy. There is no atrophy of the vermis. The deep cerebellar nuclei including the dentate nucleus are intact. The cerebellar white matter shows no hemorrhage or necrosis. There is no gross autolysis of the internal granule cell layer.

The pituitary gland and sella turcica are unremarkable.

The dura covering the vault and the base of the cranium is removed and reveals an intact base of the skull without fractures.

The dens, atlanto-axial joint, atlanto-occipital joint and cervical intervertebral joints are intact without fractures, subluxation or soft tissue hemorrhages. The cervical medulla appears intact without parenchymal or meningeal hemorrhages or exudates.

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### MICROSCOPIC EXAMINATION

Microscopic examination of submitted tissue histology sections reveals histo-morphologic findings that are consistent with the gross findings and final pathologic diagnoses, which have been stated above. The tissue histology sections have been archived as part of the case records and will be made available upon request.

[Seventeen H/E Stained Histology Slides: 1 – 12, abdomen, lumbar, thoracic, chest medial, chest lateral]

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### FORENSIC PHOTOGRAPHY

Digital gross images of the body and autopsy prosection were taken by Dr. Omalu and the autopsy room assistant, and will be saved in digital format as part of the digital case file. The images will be made available upon request according to the governing statutes and standard operating procedures.

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### SAMPLES OBTAINED

1. Vitreous humor: one red-top tube, approximately 5 cc
2. Heart blood:
  - a. Three gray-top tubes, each approximately 6 cc
  - b. One purple-top tube, approximately 4 cc
3. Bile from gallbladder: one red-top tube, approximately 3 cc
4. Urine from urinary bladder: one red-top tube, approximately 8 cc
5. Blood spots on two DNA cards
6. Archival stock tissue sections, fixed in formalin
7. Histology tissue sections, fixed in formalin



**Case Name:** See, Craig F.  
**TOXICOLOGY NUMBER:** CVT-20-1231  
**Specimen Description:** 11.75 ml heart blood (2 gray top vials) & 8.5 ml urine each labeled "See, Craig F; LC19-239; Lake; 01-03-20; 0715 hrs; BO/MH/AV"  
**Delivered by** GLS                      **Date** 08-Jan-20      **Received by** Bill Posey                      **Date** 08-Jan-20  
**Request:** Complete Drug Screen & THC                      **Agency Case #** LC19-239  
**Requesting Agency**                      **Report To**  
Bennet Omalu Pathology                      Bennet Omalu Pathology  
3031 W. March Lane, #323                      3031 W. March Lane, #323  
Stockton CA 95219                      Stockton CA 95219

Specimen: Heart Blood and Urine Samples

**RESULTS**

Complete Drug Screen: Ethyl Alcohol and Methamphetamine detected.  
Specific drug assay for Bath Salts, Synthetic Cannabinoids and THC performed.  
No other common acidic, neutral or basic drugs detected.

Blood Ethyl Alcohol = 0.02 grams%                      Urine Ethyl Alcohol = Negative

"Bath Salts" by LCMS-TOF = Negative  
(Cathinone, Methcathinone, Methylone, Mephedrone, MDPV, and alpha-PVP)

Synthetic Cannabinoids ("Spice") by LCMS-TOF = Negative

Cannabinoids (THC metabolite) by Immunoassay = Negative

d-Methamphetamine = 3.53 mg/L  
d-Amphetamine = 0.64 mg/L

B. L. Posey

January 14, 2020

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