

OFFICE OF THE MEDICAL EXAMINER

2100 JEFFERSON STREET
JACKSONVILLE, FLORIDA 32206

EXAMINATION REPORT

NAME OF DECEASED: BASS, Amber
M.E. NO.: 13-1183
DATE OF DEATH: July 19, 2013
DATE OF AUTOPSY: July 19, 2013
TIME OF AUTOPSY: 9:50 AM
COUNTY OF DEATH: Duval

EXTERNAL EXAMINATION:

The body is that of a 5-foot 6-inch, 149-pound, well-nourished, white female appearing the stated age of 22-years. Scant rigor is in the cool body and unfixed pink lividity is posterior. The scalp hair is long, straight, blonde, and held in a black elastic ponytail holder. The irides are grey. Pupil diameters are 6.0-millimeters. There are no petechiae. Dentition is natural and in good condition. There are no needle track marks or wrist scars. There is a bikini tan on the body. Pink nail polish is on the fingernails and yellow nail polish is on the toenails. On the medial aspect of the right little finger is a 3.0-millimeter superficial flap of skin. There are blood smears on the palms of both hands and small pieces of grass enmeshed in the smeared blood on the right palm. An elaborate tattoo consisting of flames emanating from the words "Through the darkness you shine and from the ashes we rise". The pubic hair is recently shaved. The helix of the right ear is pierced and an earring stud with a clear stone is through the ear and around the right ring finger is a yellow metal ring with a clear stone. After the autopsy was completed law enforcement requested finger nail clippings be done which was performed and submitted as evidence appropriately labeled.

EVIDENCE OF MEDICAL THERAPY:

An oral endotracheal airway and an orogastric tube are correctly positioned. Two cardiac monitoring patches are on the left back and a single patch is on the right upper back. A single cardiac monitoring patch is on the top of the right shoulder. Intravascular lines are in the left antecubital fossa, the anterior aspect of the left wrist, and needle puncture marks are in the right antecubital fossa, the anterior aspect of the right wrist, and the right groin. An intraosseous needle is inserted beneath the left knee. Identification tags are around the left wrist and around both

ankles. Pulse oximeters are on the left index finger and on the lobule of the left ear. A 35.0-centimeter horizontal thoracotomy incision extends from beneath both breasts and through the surgical incision the chest cavities are entered through the fifth intercostal space on the right side. A chest tube is inserted in the left chest cavity via the left fifth intercostal space. The chest tube incision on the skin is 7.5-centimeters in length and sutures surround and tether the chest tube in place. The injuries to the upper and middle lobes of the right lung are surgically repaired. The anterior pericardium is surgically opened for resuscitative purposes. A urinary catheter is in situ with an attached drainage bag containing approximately 300-cubic centimeters of clear colorless urine.

EVIDENCE OF INJURY:

PERFORATING GUNSHOT WOUND TO CHEST:

An entrance gunshot wound is on the right anterior chest wall 14.0-inches from the top of the head, 4.0-inches from the top of the right shoulder, and 1.0-inch to the right of the anterior midline. The defect measures 8.0-millimeters in diameter with a superior medial 3.0-millimeter marginal abrasion. Surrounding the defect is stippling 13.0-centimeters in the horizontal dimension and 13.0-centimeters in the vertical dimension. The path perforates the soft tissues of the right mid anterior chest wall and fractures the border of the right first rib close to the manubrium. The path through the right lung is not ascertainable because of the surgical intervention. There is surgical intervention closing the injured lower border of the upper lobe of the right lung and the upper border of the middle lobe of the right lung. A large laceration and a smaller laceration are both on the superior aspect of the lower lobe of the right lung. These injuries are not surgically repaired and are gaping. The missile exits the right sixth intercostal space laterally and fractures the superior aspect of the right seventh rib. The exit wound on the right posterolateral chest wall is 18½-inches from the top of the head, 8½-inches from the top of the right shoulder, and 6½-inches to the right of the posterior midline. The defect measures 1.0-centimeter in diameter and is irregular in outline. There is no missile recovered.

The wound path is from left to right, front to back, and downwards.

Associated with the wound path is a residual bilateral hemothorax of measured 150-cubic centimeters of fluid blood, the perforated right lung, and abundant soft tissue hemorrhage.

INTERNAL EXAMINATION:

The scalp does not show galeal or subgaleal hemorrhage. The calvarium and base of skull are intact. There is no epidural, subdural, or subarachnoid hemorrhage. The 1374-gram brain shows moderate flattening of the gyri with obliteration of the sulci. The cortical ribbon is pale tan. There is no white matter hemorrhage. The substantia nigra is grey/black. The Ammons horns do not show sclerosis. The pons, midbrain, cerebellum, and medulla are unremarkable apart from edema. The vessels at the base of the brain do not have aneurysms or vascular malformations.

The tongue is red/brown and homogenous. The soft tissues of the neck, hyoid bone, thyroid cartilage, and cervical spine are intact.

The bilateral hemothorax is described above. All cavities are free of adhesions.

The 262-gram heart has a smooth glistening epicardial surface and an unremarkable red/brown myocardium. The free wall of the left ventricle and the interventricular septum each measure 1.3-centimeters in width. There is no fibrosis or hyperemia in the myocardium. The endocardium and heart valves are without note. The tricuspid valve is 9.0-centimeters, the mitral valve is 8.0-centimeters, and the pulmonic and aortic valves are 6.5-centimeters and 6.0-centimeters, respectively. The coronary artery supply is of the right dominant type. The vessels are widely patent. The intact aorta has a smooth tan intimal surface.

The right and left lungs are 260-grams and 210-grams, respectively. The pleural surfaces are smooth and glistening. Both lungs are atelectatic. The lower lobes of both lungs, more so the lower lobe of the right lung, is purple and atelectatic. The left lung and focally the right lung are pink. There is no grossly discernable anthracosis. Bloodstained fluid exudes from the parenchyma and into the airways. The lumen of the larynx and trachea contains a small amount of bloodstained fluid. The peritracheal lymph nodes are tan/brown. The pulmonary artery and veins are free of emboli and thrombi. The scant postmortem blood is fluid.

The 1440-gram liver has a dark red/brown capsular surface and a dark red/brown firm cut surface. The gallbladder contains approximately 5.0-cubic centimeters of golden brown bile and the bile passages are patent. There are no calculi. The 148-gram spleen has a dark purple capsular surface and a soft purple cut surface. The pancreas is tan/brown, lobulated, and free of abnormality.

The right and left kidneys are 127-grams and 143-grams, respectively. The dark brown cortical surface is smooth. There is normal corticomedullary definition. The calyces, pelves and ureters are without note. The urinary bladder does not contain any urine and the mucosa is tan and wrinkled. Attached to the catheter is a drainage container with approximately 300-cubic centimeters of clear colorless urine. The uterus, tubes and ovaries are in situ and weigh 113-grams. The endometrium is soft and tan. There is no conceptus.

The pharynx and esophagus are unremarkable and the stomach contains a measured 300-cubic centimeters of mucoid dark green/black thick well masticated food material. There is a faint aromatic odor from the gastric contents and from the viscera. There are no pill particles. There is a diffuse chyme column. The duodenum and the remainder of the small and large bowel are without evident abnormality. The serosa is smooth and glistening. The appendix is present.

The thyroid is dark red/brown. The adrenals have yellow cortices and tan medullae.

The red/brown muscle is firm and without note. The long bones of the extremities, bony thorax and vertebral column are free of fractures.

MICROSCOPIC EXAMINATION:

Liver: Congestion.

Heart: Unremarkable.

Lungs: Congestion. Focal atelectasis.

TOXICOLOGICAL EXAMINATION:

Hospital Plasma Ethanol: 0.14%, 0.14%

Ocular Ethanol: 0.12%

Urine Drugs: Caffeine

Autopsy Technician: LaTisha Page

Photographer: Randy Swartz

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AUTOPSY FINDINGS:

- (1) Perforating gunshot wound to chest, intermediate range of fire

CAUSE OF DEATH: Perforating Gunshot Wound to Chest

MANNER OF DEATH: Homicide

Valerie Rao M.D.

Valerie Rao, M. D.

Chief Medical Examiner

Dated: 08/13/2013

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