

AUTOPSY REPORT

Name: GLASS, Christopher

Date of Birth: 01/03/2000 Age: 22 years

Date/Time of Pronouncement: 06/11/2022; 0800 hours

Date/Time of Autopsy: 06/15/2022; 0815 hours

Autopsy Case #: 2022-027

Assistant: K. Becker/P.Xenos

Pathologist: Meredith A. Frank MD

DIAGNOSES

- I. Gunshot wounds of the torso and right upper extremity
 - A. Total of six (6) wound paths identified
 - B. No evidence of close range fire
 - C. Five (5) gunshot wounds of the torso, with
 1. Paths involve the chest wall, lungs, diaphragm, liver, spine, mesentery, retroperitoneal/soft tissues, intestines, spleen, left kidney, and iliac vessels
 2. Associated injuries include hemothoraces, hemoperitoneum, spine and rib fractures, and injuries to the spinal cord
 3. Five (5) projectiles recovered
 4. Apparent pseudostippling present
 5. General direction of right to left and slightly front to back
 - D. One (1) gunshot wound of the right arm involving skin and soft tissues only; direction cannot be determined
- II. Superficial sharp force injuries of the neck, anterior torso, and extremities
- III. Blunt force injuries
 - A. Cutaneous abrasions, contusions, and lacerations of the head, torso, and extremities
 - B. Scalp laceration and hemorrhage
- IV. Apparent puncture sites of the torso; one (1) electroshock weapon barb recovered from body bag

TOXICOLOGY:

Reference Laboratory – NMS Labs, Horsham, PA

Postmortem expanded panel (forensic), positive findings:

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Ethanol	10	mg/dL	001 - Cavity Blood
Blood Alcohol Concentration (BAC)	0.010	g/100 mL	001 - Cavity Blood
11-Hydroxy Delta-9 THC	>100	ng/mL	001 - Cavity Blood
Delta-9 Carboxy THC	>500	ng/mL	001 - Cavity Blood
Delta-9 THC	47	ng/mL	001 - Cavity Blood
Amphetamine	730	ng/mL	001 - Cavity Blood

OPINION

Based on the postmortem examination findings and history available to me at this time, it is my opinion that Christopher Glass, a 22-year-old male, died as the result of multiple gunshot wounds. The manner of death, in my opinion, is homicide.

Meredith A. Frank MD 08/16/2022

Meredith A. Frank, M.D.
Forensic Pathologist

REVIEW OF CIRCUMSTANCES OF DEATH

The decedent was shot by law enforcement while seated in a vehicle. The decedent was removed from the vehicle and despite resuscitative attempts he could not be revived.

EXTERNAL EXAMINATION

The postmortem examination is authorized by the Coroner of Clear Creek County. Identification of the decedent is established by coroner personnel. The body is received in a body bag which is sealed with a piece of labeled duct tape. When first viewed, the hands are not bagged. Postmortem radiographs are obtained prior to autopsy and reviewed. A yellow identification band with the decedent's name is on the right ankle. The body is received with previously cut clothing of a dark orange short sleeved shirt (with defects) and tan shorts, as well as a brown belt and grey underwear. Two black socks and two tan and black boots are on the body. Personal effects include two white metal stud earrings and a green hair tie. Broken glass and plastic debris are present. Personnel from the Clear Creek Coroner's office and the Colorado Bureau of Investigation are in attendance.

EVIDENCE COLLECTED

- Bullet, left chest cavity
- Bullet, left flank (upper)
- Bullet, left flank (middle)
- Bullet, left flank (lower)
- Bullet, spinal cord
- Clothing
- DNA standard, blood card
- Head hair standard, pulled
- Taser probe
- White headphones in case
- Black wallet with contents
- Fingerprints

GENERAL DESCRIPTION

The body is that of a normally developed male, which appears consistent with the recorded age of 22 years. The body is 73 inches in length and weighs 204 pounds (BMI 26.9). There is good preservation in the absence of embalming. The body is cool to palpation, subsequent to refrigeration. Rigor mortis is full. Livor mortis is red-purple, fixed, and posteriorly distributed.

The head shows evidence of injury as described below. The scalp hair is slightly wavy, brown, and up to 11 inches long. There is short brown stubble on the lower face. The irides appear grey. The conjunctivae are pale and without petechiae. The sclerae are off-white. The corneas are clear. The nasal septum and facial skeleton are intact to palpation. The ears, nose, and lips appear normally formed. The mouth contains natural dentition which is in good condition. The oral mucosa and frenula have no petechiae. The neck is without palpable masses or unusual mobility

and shows evidence of injury as described below. The trunk shows evidence of injury as described below; the remainder of the chest and breasts are symmetric and without palpable mass, and the abdomen is otherwise moderately protuberant and soft. The back appears normally formed. An electroshock probe is loose in the body bag underneath the mid-back region and is collected as evidence. The extremities are normally developed, symmetric, and with evidence of injury as described below. Both arms are 33 inches in length, as measured from the acromioclavicular prominence to the tip of the middle finger. The fingernails are very short. Edema is absent. The penis appears uncircumcised, and the scrotal sac is normally formed. The perineum and anus are unremarkable.

Identifying marks include an up to 1 1/2-inch indistinct scar of the anterior right knee.

EVIDENCE OF TREATMENT

- Endotracheal tube in the mouth
- Gauze on the neck and right axilla
- Defibrillator pads on the torso
- Intraosseous catheter in the anterior right leg with attached tubing and bag of fluids

EVIDENCE OF INJURY

MULTIPLE GUNSHOT WOUNDS

A total of six gunshot wounds are identified and are labeled #1-6 for purposes of description, and without regard to sequence or severity. All measurements are in reference to the body in the anatomic position.

Gunshot wound of the upper chest (#1)

The anterior right chest has a 5/8 x 1/2-inch defect, at 14 1/2 inches below the top of the head and 5 inches to the right of the anterior midline showing an up to 3/8-inch marginal abrasion which is most prominent at the 9 o'clock position. Soot and stippling are not identified.

After perforating of the skin and subcutaneous tissues, the bullet perforates the anterior left 2nd intercostal muscles, upper lobe of the left lung, and inner portion of the lateral 3rd intercostal muscles.

A markedly deformed jacketed bullet is recovered from the left chest cavity and is collected as evidence.

Associated injuries include collections of 200 mL of blood in the right chest cavity and 250 mL of blood in the left chest cavity.

The direction is right to left, front to back, and slightly downward.

Gunshot wound of the lower chest (#2)

There is a 3/8 x 1/4-inch ovoid defect on the lateral right chest just posterior to the axilla, at 16 inches below the top of the head and 12 1/2 inches to the right of the anterior midline showing a red-brown dried marginal abrasion and no soot or stippling.

After perforating the skin and soft tissues, the bullet perforates the lateral right 7th rib, lower lobe of the right lung, and T7, then comes to rest in the thoracic spinal cord and dura.

A markedly deformed and jacketed bullet is recovered from the thoracic spinal cord and collected as evidence.

Associated injuries include a collection of 200 mL of blood in the left chest cavity, fractures of the right 7th rib and T7, and hemorrhagic lacerations of the spinal dura and thoracic spinal cord.

The general direction is right to left, front to back, and downward.

Gunshot wound of the back (#3)

The lateral right back has a 5/8 x 1/2-inch ovoid defect, at 17 1/2 inches below the top of the head and 13 1/2 inches to the right of the anterior midline showing an approximately 3/8-inch red-brown abrasion at the 5 o'clock position and no soot or stippling. Some small red-black abrasions consistent with pseudostippling and some green-purple marbling are on lateral right chest.

After perforating the skin and soft tissues, the projectile perforates the soft tissues of the right flank and back, then comes to rest in the soft tissues of the left flank.

A moderately deformed grey metal bullet with jacketing is recovered and designated 'left flank/upper' and collected as evidence as described below.

Associated injuries are not identified.

The direction is right to left and without significant deviation in the frontal or vertical planes.

Gunshot wounds of the lower torso (#4-5)

The lateral right chest has a 5/8 x 1/2-inch ovoid defect, at 23 1/2 inches below the top of the head and 9 1/4 inches to the right of the anterior midline showing a dried black circumferential marginal abrasion and no soot or stippling.

The lateral right abdomen has a 5/8 x 1/2-inch ovoid defect, at 29 inches below the top of the head and 8 1/2 inches to the right of the anterior midline showing an up to 1/4-inch, dried, black abrasion from the 9 to 11 o'clock positions. Soot or stippling are not identified. There is an up to 6-inch area of contusion, a 5 1/2 x 5-inch area of small red-black abrasions consistent with pseudostippling, and green-purple marbling of the skin surrounding the upper wound.

After perforating the skin and subcutaneous tissues the bullets collectively perforate the chest wall involving the lateral right 8th intercostal muscles and the abdominal wall, liver, gallbladder fossa, mesenteric root, cecum, ileum, left 9th intercostal muscles, lateral left diaphragm, spleen, left kidney, and iliac vessels, then come to rest in the middle and lower flank tissues, respectively.

Two markedly deformed grey metal bullets are recovered from the left flank tissues (one 'middle' and one 'lower'), and which are collected separately as evidence.

An associated injury of a collection of 100 mL of blood is in the peritoneal cavity.

The general direction is right to left, slightly front to back, and without significant deviation in the vertical plane.

Gunshot wound of the right arm (#6)

The medial right arm has a 1/2 x 3/8-inch round defect, at 8 inches below the top of the shoulder and 1 1/2 inches medial to the anterior midline of the right upper extremity showing a thin red marginal abrasion and indistinct light purple contusion of the surrounding skin. The lateral right arm has a 1/2 x 3/8-inch slightly irregular defect, at 9 1/2 inches below the top of the shoulder and on the lateral midline of the right upper extremity showing an up to 1/8-inch red-brown abrasion which is most prominent at the 9 o'clock position. Patchy red-purple contusion is on the skin surrounding the wound. Soot and stippling are not identified. The wound path perforates the skin and soft tissues of the right arm. A projectile is not recovered. Associated injuries are not identified. Directionality cannot be determined.

SHARP FORCE INJURIES

- Anterolateral left neck with an up to 3 1/8-inch incised wound with a smooth and sloped upper margin, focal abrasion of the medial end of the lower margin, and several associated up to 3-inch superficial dried red-tan trailing incised wounds extending over the lateral right neck and anterolateral left neck; path involves the skin, subcutaneous tissues, right sternocleidomastoid muscle, right sternothyroid muscle along the inferior aspect, and tapers to terminate in the anterior right thyroid capsule; maximal depth of at least 2 1/4 inches; general direction of downward, right to left, and slightly front to back; no significant associated injuries identified to including evaluation for cardiac air embolism by puncture of the heart under water seal
- Anterior right chest with an approximately 2-inch vertical stab wound showing smooth dried margins, indeterminate angles, and a few associated superficial red-tan up to 6 1/2-inch vertical trailing incisions of the right chest and abdomen; maximal depth of 2 1/8 inches; direction of left to right, slightly downward, and slightly towards the back; no significant associated injuries
- Left hand with clustered sharp force injuries as there is a 1/2-inch stab wound of the dorsal web of the thumb showing smooth margins, a sharp lateral angle, a focally abraded blunt medial angle, and penetration of the soft tissues of the hand, small superficial incised wounds at the base of the left thumb and distal interphalangeal joint along the lateral aspect; maximal depth of 3/8-inch; no significant associated injuries

BLUNT FORCE INJURIES

External

- Head with small purple contusions of the lateral right forehead, focally abraded superficial lacerations of the upper right and lower left forehead which are up to 1/2-inch, a 2 x 3/4-inch patchy purple contusion of the left periorbital region, and focal laceration of the upper scalp
- Torso with two tan punctate abrasions of the upper left chest; small and faint light purple contusions of the anterior chest and lower abdomen; a 4-inch oblique light brown abrasion of the lower left chest; a 1 1/4 x 3/4-inch round deep abraded laceration of the lateral right chest (just inferior to the right axilla) showing an associated up to 7/8-inch, red-brown, slightly rectangular abrasion along the posterior edge, a small red-purple triangular abrasion of the overlying posteromedial arm, and a small black abraded laceration at approximately 1 1/2 inch inferior to the lateral edge of the wound; a tiny abrasion of the abdomen; two tan superficial puncture marks of the posterior left shoulder (possible electroshock probe impact site); punctate abrasions and an up to 3/4-inch purple contusion of the upper right back; and an approximately 8 x 5-inch patchy purple contusion of the left lower back and flank
- Extremities with a few, grouped black curved abrasions which are up to 3/4 inch in greatest dimension; at least 5 red-purple up to 1 1/2-inch and somewhat semicircular and ovoid abrasions on the lateral right arm, dorsal right forearm, and left elbow region (apparent impact sites by less-than-lethal ammunition); an approximately 5/8 x 5/8-inch patterned abrasion comprised of 3 red concentric circular abrasions; numerous tiny and irregular red abrasions (apparent pseudostippling) of the posterior and lateral right arm and lateral right elbow region; several oblique yellow-tan abrasions of the forearms; an up to 3/8-inch abraded laceration of the lateral right knee; a small light pink contusion of the anterior right knee; an up to 1 1/2-inch oblique linear brown abrasion of the anterior left thigh; and a few scattered up to superficial abraded lacerations and red linear abrasions of the lateral left leg

Internal

- Subgaleal tissues with an approximately 2 x 1-inch red-purple patchy hemorrhage over the right frontal and parietal bones and an approximately 1 1/2 x 1-inch purple hemorrhage on the right occipital bone

These injuries, having once been described, will not be repeated.

INTERNAL EXAMINATION

BODY CAVITIES: See Evidence of Injury. The thoracic and abdominal organs appear normally developed and retain the usual anatomic positions. The body cavities have no further abnormal collections of fluid. Adhesions are absent.

CARDIOVASCULAR SYSTEM: See Evidence of Injury. The heart weighs 325 grams. The pericardium is smooth and unremarkable. The epicardial surfaces contain a mild amount of fat.

The coronary arterial system displays a right-dominant distribution. Sectioning reveals no lesions of the main epicardial arteries or their major branches. The coronary ostia are unremarkable. The endocardium is intact and free of mural thrombi. The foramen ovale is sealed. The cardiac valves are normally formed and without focal lesions; the papillary muscles and chordae are intact. The atrial and ventricular septae have no notable abnormalities upon sectioning. The atrial and ventricular chambers are normally formed. Serial sections reveal a firm, red-brown myocardium which is without focal abnormalities. The thicknesses of the myocardium all appear to be less than 1.5 cm. The aorta, its major branches, and the great veins are normally distributed and are otherwise unremarkable. Thromboemboli are not identified. The intimal surface of the aorta has no atherosclerosis.

RESPIRATORY SYSTEM: See Evidence of Injury. The right lung weighs 275 grams. The left lung weighs 375 grams. The pleural surfaces are smooth. The major bronchi are unremarkable and patent. The hilar vessels are unremarkable; thromboemboli are absent. Sectioning of the lungs reveals a pink parenchyma without further abnormalities.

HEPATOBIILIARY SYSTEM: See Evidence of Injury. The liver weighs 1100 grams. The liver capsule is otherwise smooth and intact. The parenchyma is dark red-brown, slightly firm, and not congested. The gallbladder is not identified. Calculi are absent.

LYMPHORETICULAR SYSTEM: See Evidence of Injury. The spleen weighs 150 grams. The capsule is otherwise smooth and grey. Upon sectioning, the parenchyma is dark red-purple and slightly softened. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

GASTROINTESTINAL SYSTEM: See Evidence of Injury. The esophageal mucosa is smooth and pink. There are no focal lesions or abnormalities of the gastric or duodenal mucosae which show pink-tan rugal folds. The stomach is open and contains a small amount of light brown liquid. Definite tablets or capsules are not identified. The remainder of the small and large intestines are unremarkable externally. The appendix is present and unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 150 grams. The left kidney weighs 150 grams. The capsules strip with ease to reveal smooth cortical surfaces. On sectioning, the parenchyma is red-brown and firm. The thicknesses of the cortices are normal, and there is good demarcation of the corticomedullary junctions. The papillae are intact, and the calyces, pelves, and ureters are unremarkable. The urinary bladder contains 335 mL of urine; the mucosa is smooth, white, and without focal lesion. The prostate gland is unremarkable both externally and upon sectioning. Incision of the testes reveals a soft, tan parenchyma without focal lesions.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are without notable abnormalities. Upon sectioning, the pancreas is tan, firm, and without focal lesion.

HEAD: See Evidence of Injury. The scalp and subgaleal tissues are otherwise unremarkable. The skull is normally formed and without notable lesions. The dura and dural sinuses are unremarkable externally and upon sectioning. The brain weighs 1450 grams. The leptomeninges are thin and delicate. The cranial nerves on the base of the brain are unremarkable. The blood vessels display

no focal lesions. The cerebral hemispheres are symmetric and display a normal-appearing gyral pattern. Sections through the cerebral hemispheres, cerebellum, and brainstem are unremarkable. The lateral ventricles are symmetric and normally formed. The upper portion of the cervical spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: The neck organs are removed *en bloc* with the tongue. The tongue is unremarkable externally and upon sectioning. The soft tissue and strap muscles of the anterior neck are unremarkable. The lumen of the larynx is not obstructed. The epiglottis and laryngeal mucosa are smooth, light pink, and without petechiae or edema. The hyoid bone and laryngeal cartilages are intact. The prevertebral fascia is unremarkable. The cervical spine is intact and appropriately aligned upon palpation.

MUSCULOSKELETAL SYSTEM: See Evidence of Injury. The clavicles, remaining ribs, sternum, pelvis, and remainder of the vertebral column show no notable abnormalities. The diaphragm is normally formed.

SPECIMENS COLLECTED

SPECIMENS: Samples of chest cavity blood, vitreous fluid, and urine are collected. Samples of organs examined are placed in a container with formalin.

MICROSCOPIC EXAMINATION

None performed.

END OF REPORT