

OFFICE OF THE CORONER

Adams & Broomfield Counties Monica Broncucia-Jordan CHIEF CORONER

Name: JOHNSON, Rashaud Case Number: A25-01632 Date and time pronounced deceased: May 12, 2025; 1813 Hours

Death Investigator: Paolina Bushur

Prosector: Stephen Cina

Autopsy Technician: Ariana Clark

OPINION

The cause and manner of death opinion is based on the scene investigation, examination findings, and history available at this time.

Cause of Death:

Gunshot wound to the chest

Manner of Death:

Homicide

Monica Broncucia-Jordan, Chief Coroner

AUTOPSY REPORT

NAME: RASHAUD JOHNSON ME#: A25-01632

DATE AND TIME PRONOUNCED DEAD: May 12, 2025 / 1813 Hours

DATE AND TIME OF AUTOPSY: May 14, 2025 / 1000 Hours

AGE: 32 Years GENDER: Male

CIRCUMSTANCES OF DEATH

This adult male was allegedly trespassing in a parking lot when an employee called 911. Upon arrival of the police a physical altercation between the decedent and officers ensued. During the altercation officers employed a baton, a Taser and a 9 mm Glock handgun. At approximately 1736 Hours the decedent was shot and CPR was initiated. He was transported to a local hospital where he could not be resuscitated.

IDENTIFICATION

The decedent was identified by fingerprints.

CIRCUMSTANCES OF POSTMORTEM EXAMINATION

The autopsy was authorized by the Coroner of Adams County, Colorado. Prosecting was Dr. Stephen J. Cina and assisting was Autopsy Technician Clark. The autopsy was performed at the Adams County Coroner's Office. Also in attendance were three police representatives and one from the District Attorney's Office.

CLOTHING AND PERSONAL EFFECTS

The decedent was received with the hands bagged. Handcuffs were on the left wrist. He was wearing cut blue and black underwear, a cut black and white shirt and cut black shorts. A white sock was in one of his pockets. Please see the inventory sheet for additional contents of his pockets.

EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished, adult male. The body bag was sealed with a piece of red plastic bearing the numbers 0754340. An identification tag around the

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right wrist bore the designation "DOE, YOUNTVILLE VK." The body weighed 161 pounds, was 70 1/2-inches in height and appeared compatible with the reported age of 32 years.

The body was cool. Full rigor mortis was present to an equal degree in all extremities. Fixed purple/red lividity was distributed over the posterior surfaces of the body, except in areas exposed to pressure. The skin and soft tissues were somewhat doughy.

The scalp hair was black and 9-inches in length when extended. Facial hair consisted of a black beard and mustache. The irides were brown, the corneae were clear, the sclerae were white with mild tache noire, and the conjunctivae were pink/tan and free of petechiae. The external auditory canals, external nares and oral cavity were free of foreign material and abnormal secretions. The earlobes were not pierced. There were no transverse creases of the lower pinnae. The nasal skeleton was palpably intact. The lips were unremarkable. The teeth were in good repair.

Examination of the neck revealed no evidence of injury. The abdomen was protuberant. No large healed surgical scars were on the anterior torso.

The extremities showed no gross bony deformities or pitting edema. The fingernails were intact. A tattoo was on the right upper arm. Needle tracks were not observed.

The external genitalia were those of an atraumatic adult male. The posterior torso was essentially without note. The anus was atraumatic.

EVIDENCE OF THERAPY

Evidence of medical intervention consisted of a 3-inch right-sided chest tube incision; intraosseous lines in the left tibia and right humerus; two EKG leads on the anterior torso; and an open left thoracotomy incision with a rib spreader in place.

EVIDENCE OF INJURY

MULTIPLE (2) GUNSHOT WOUNDS:

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A - PERFORATING GUNSHOT WOUND TO THE ABDOMEN:

There was an oblong $5/8 \times 3/8$ -inch entrance gunshot wound to the right lateral abdomen, centered 6 1/4-inches to the right of the anterior midline and 25 1/4-inches below the top of the head. This was surrounded by an irregular abrasion collar measuring up to 3/16-inch in width at the 7:00-9:00 wound margins. There was no soot deposition or gunpowder tattooing on the surrounding skin.

The projectile lacerated the skin and soft tissues of the abdomen but did not enter the peritoneal cavity. It grazed the lateral aspect of the right 12th rib and created a 4×3.5 cm laceration on the lateral aspect of the right lobe of the liver. It then passed through the soft tissues and skin of the posterior right flank.

This gunshot wound was associated with 25 mL of blood in the peritoneal cavity

The ragged 1 x 3/8-inch exit wound was on the posterior right flank, centered 27-inches below the top of the head and $5\ 1/4$ -inches to the right of the posterior midline.

No bullet was recovered or detected radiographically.

The wound path was directed right-to-left, front-to-back and downward.

B - PERFORATING GUNSHOT WOUND TO THE CHEST:

There was a 3/8-inch circular entrance gunshot wound to the left side of the upper chest, centered 2 1/4-inches to the left of the anterior midline and 13 3/4-inches below the top of the head. This was focally surrounded by a 1/32-inch in width abrasion at the 1:00-4:00 wound margins. There was no soot deposition or gunpowder tattooing on the surrounding skin.

The projectile lacerated the skin and soft tissues of the chest and passed through the left 4 - 5 intercostal space anteriorly. It then lacerated the left lung, pericardial sac, heart

(specifically the left ventricle, interventricular septum, right ventricle, left anterior descending coronary artery, left circumflex coronary artery, the tricuspid valve, the pulmonic valve, the mitral valve), and then fractured the posterior aspect of the left 11th rib prior to passing through the soft tissue and skin of the back.

This gunshot wound was associated with 550 mL of blood in the left pleural cavity.

The ragged $1/2 \times 3/16$ -inch exit wound was on the left side of the mid back, centered 1 3/4-inches to the left of the posterior midline and 20-inches below the top of the head.

No bullet was recovered or detected radiographically.

The wound path was directed front-to-back, downward and left-to-right.

CONDUCTED ENERGY DEVICE (CED) WOUNDS:

There was a 1/8-inch blackened puncture wound partially surrounded by a semi-lunar abrasion on the lateral aspect of the proximal right upper arm.

A 1/16-inch blackened puncture wound was on the right deltoid region.

A 1/8-inch blackened puncture wound partially surrounded by a $1/2 \times 1/2$ -inch semicircular abrasion was over the right anterior costal margin.

OTHER INJURIES:

Nonspecific red abrasions decorated the knees, the proximal right pretibial region, the left pretibial region, the right elbow, the dorsal right wrist, the right antecubital fossa as well as the skin above and below it and the palmar base of the right thumb.

A vaguely triangular abrasion with superficial laceration was distal to the left elbow.

Nonspecific red contusions were on the dorsal right wrist, ventral right forearm, the right side of the sternum and the

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skin below the medial aspect of the right anterior costal margin.

Ecchymoses with contusions decorated the skin above and below the right antecubital fossa.

No "tram track" contusions were identified.

INTERNAL EXAMINATION

Body Cavities:

The body was opened by the usual thoracoabdominal incision and the chest plate was removed. No adhesions were in any of the body cavities. All body organs were present in the normal anatomical positions but the lungs were atelectatic. The subcutaneous fat layer of the abdominal wall was 1.5 cm thick.

Head: (Central Nervous System)

The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no subdural or epidural hemorrhage. The leptomeninges were thin and delicate. The cerebral hemispheres were symmetrical. The structures at the base of the brain, including the cranial nerves and blood vessels, were intact. Coronal sections through the cerebral hemispheres revealed no focal lesions. Transverse sections through the brainstem and cerebellum were unremarkable. The brain weighed 1,440 grams. The spinal cord was not examined.

Neck:

Examination of the soft tissues of the neck, including the strap muscles and large vessels, revealed no abnormalities. The hyoid bone and larynx were intact.

Cardiovascular System:

Devastating injuries to the pericardial sac and heart have been described above. The right coronary artery was unobstructed. The uninvolved myocardium was red/brown and firm with no focal lesions. The atrial septum was intact. The aorta and its major branches arose normally, followed the usual course, and were widely patent. The vena cavae and their major tributaries were

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returned to the heart in the usual distribution and were free of thrombi. The heart weighed 250 grams.

Respiratory System:

Injuries to the left lung have been described above. The upper airway contained a minimal amount of bloody fluid; the mucosal surfaces were smooth, yellow/tan and unremarkable. The pleural surfaces were smooth and glistening with no additional lesions. The pulmonary parenchyma was atelectatic and red/tan to purple at the sites of injury. There was mild anthracosis. No mass lesions were noted. The pulmonary arteries were normally developed, patent, and without thrombus or embolus. The right lung weighed 170 grams; the left lung weighed 180 grams.

Liver and Biliary System:

Injuries to the liver have been described above. The remainder of the capsule was smooth and glistening covering brown parenchyma. No mass lesions were noted. The gallbladder contained approximately 30 mL of bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 1,260 grams.

Alimentary System:

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray/white, smooth mucosa. The gastric mucosa was autolyzed and the lumen contained approximately 5 mL of yellow/green liquid. The small and large bowels were unremarkable. The pancreas had an autolyzed purple/tan, lobulated appearance and the ducts were clear. The appendix was present.

Genitourinary System:

The renal capsules were smooth and thin, semitransparent, and stripped with ease from the underlying smooth, purple/brown cortical surfaces. The cortices were sharply delineated from the medullary pyramids which were purple/tan and unremarkable. The calyces, pelves, and ureters were without note. The urinary bladder contained approximately 45 mL of yellow urine; the mucosa was gray/tan and smooth. The right kidney weighed 110 grams; the left kidney weighed 110 grams.

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The prostate gland was unremarkable. The testicular parenchyma was atraumatic.

Reticuloendothelial System:

The spleen had a smooth, intact capsule covering red/purple, moderately firm parenchyma; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 60 grams.

Endocrine System:

The thyroid and adrenal glands were unremarkable.

Musculoskeletal System:

Muscle development was normal. No nontraumatic bone or joint abnormalities were noted.

SPECIMENS/EVIDENCE OBTAINED

Samples of chest cavity blood, femoral blood, urine, gastric contents, and vitreous fluid were obtained for toxicology.

A DNA card was retained for the file.

Samples of the major organs were submitted for stock in formalin.

No cassettes were submitted for histologic analysis.

PATHOLOGIC DIAGNOSES

- I. Perforating gunshot wound to the abdomen
 - A. Entrance: Right lateral abdomen with no evidence of close-range firing on the skin
 - B. Injury: Skin, soft tissues, liver, right 12th rib
 - C. Exit: Posterior right flank
 - D. No bullet recovered
 - E. Wound path directed right-to-left, front-to-back and downward
- II. Perforating gunshot wound to the chest
 - A. Entrance: Left side of the front of the chest with no evidence of close-range firing on the skin
 - B. Injury: Skin, soft tissues, left 4 5 intercostal space, left lung, pericardial sac, heart, posterior left 11th rib
 - C. Associated findings: 550 mL left hemothorax, atelectasis of lungs
 - D. Exit: Left side of mid back
 - E. No bullet recovered
 - F. Wound path directed front-to-back, downward and left-to-right
- III. Conducted energy device (CED) injuries: Strike marks on right upper arm, right deltoid region and right anterior costal margin
- IV. Abrasions and contusions of lower chest and extremities
- V. No significant preexisting conditions
- VI. Toxicology (NMS Labs 25214944):
 - A. Urine: Positive for cannabinoids
 - B. Femoral blood:
 - 1. Delta-9 Carboxy THC = 89 ng/mL
 - 2. Delta-9 THC = 8.6 ng/mL
- VII. Serology: Negative for HIV and Hepatitis B and C

OPINION

This 32-year-old adult male, Rashaud Johnson, died of a gunshot wound to the chest. There was no evidence of close-range firing on the skin. A gunshot wound to the abdomen resulted in minimal internal injuries and did not contribute to death. Three CED strikes were noted (two on the right upper arm and one on the right lower chest). Abrasions and contusions of the chest and extremities would be consistent with a physical altercation. The death investigation indicates that this man was shot by a police officer.

STEPHEN J. CINA, MD, FCAP

Forensic Pathology Consultant

June 3, 2025

Date

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