



**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**



Office of the Medical Examiner

Autopsy Report

Case: IFS-14-13867 - ME

Decedent: Gaynier, Andrew Scott 26 years White Male DOB: 07/01/1988

Date of Death: 08/10/2014 (Actual)

Time of Death: 06:52 PM (Actual)

Examination Performed: 08/11/2014 08:00 AM

Body Weight: 162 lbs BMI: 23.24

Body Length: 70 in

ORGAN WEIGHTS:

Brain: 1,600 g	Right Lung: 540 g	Right Kidney: 130 g
Heart: 340 g	Left Lung: 270 g	Left Kidney: 130 g
Liver: 1,380 g	Spleen: 150 g	

EXTERNAL EXAMINATION

The body is identified by toe tags. Photographs, fingerprints, palmprints, and radiographs of the head, trunk, pelvis, and left arm are taken.

When first viewed, the hands are bagged and the body is partially covered by a white hospital sheet. The body is clad in a heavily blood-soaked green T-shirt, green plaid boxers, khaki cargo shorts with a black leather belt, and one black sock (left foot). A clear plastic personal property bag is received with the body, which contains a pair of black and white sneakers, one black sock, and a black leather wallet containing two money cards, two slips of paper, one business card, and one photograph. The leather wallet has a defect consistent with a perforating gunshot. All items are submitted to the criminal investigation laboratory.

The body is of a normally-developed, light-skinned, Caucasian man whose appearance is consistent with the given age of 26 years. When nude, the body measures 70 inches in length and weighs 168 pounds (BMI: 23.2).

The straight, light brown hair measures approximately 1 inch in length over the crown. The face has a ¼ inch trimmed, light brown mustache, and a ½ inch Vandyke-style goatee with a trimmed beard along the jawline. The ears are normally-formed and have a single white metal stud earring with a clear stone in each ear (released with the body). The nose and facial bones are palpably intact. The eyes have blue irides and the conjunctivae are pale, and without hemorrhage, petechiae, or jaundice. The oral cavity has natural teeth in good repair and is atraumatic. The chest and back are symmetric. The abdomen is flat. The external genitalia are of a normal, circumcised adult man. The extremities are symmetric and developmentally normal with all digits present.



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The body is well-preserved, unembalmed, and cold subsequent to refrigeration. Moderate, symmetric rigor mortis is present in the upper and lower extremities, neck and jaw. Lividity is faint red, fixed, and posterior.

IDENTIFYING MARKS AND SCARS

There are numerous monochromatic black professional tattoos as follows: Texas star, left neck; "GAYNIER", right chest; "A" and "G" in Old English lettering on the right and left upper chest respectively; "A.S.G.", upper right arm; "TEXAS", anterior right arm; laugh now cry later masks, volar surface of right forearm; "FAMILY", posterior right forearm; flames, right and left wrists; longhorn outline, upper left chest; "MADE", upper left arm; multiple tattoos including a rose, stars, "FAITH", "BRITTANY", "BRYSON", volar surface of left forearm; "LOYALTY", back of left forearm.

There are innumerable hypopigmented scars on the extremities, including, but not limited to, multiple irregular scars on the back of the right elbow, an irregular linear scar through a round scar on the volar surface of the right forearm, multiple round scars on the upper left arm, multiple irregular linear scars on the back of the left elbow, a large broad flat scar on the medial right lower leg just below the knee, and linear and round hypopigmented scars on both ankles.

THERAPEUTIC PROCEDURES

A green plastic oral airway is in the mouth. An intraosseous needle is in the left tibia. Adhesive EKG leads and defibrillator pads are on the chest.

EVIDENCE OF INJURY

There are multiple gunshot wounds of the trunk and extremities, which are described individually below. The wounds are designated "A" through "F" for descriptive purposes only; no sequence is implied.

Gunshot wound "A":

The top of the left shoulder has an atypical gunshot entrance wound located 9 inches from the top of the head and 4 inches to the left of the anterior midline. The wound is in the lateral midline of the shoulder. There is a deep 2 x 1-½ inch graze wound with a ½ inch round defect at the lateral margin. A 1 x 1 inch superficial abrasion is lateral to the wound, and the wound is surrounded by a deep purple contusion which measures 3 x 2 inch. A gray metal fragment is seen within the entrance wound (not collected). There is no soot or stippling on the skin. (The atypical appearance is suggestive of a ricochet bullet.)

The bullet perforates the skin, subcutaneous tissue, and muscle before exiting the lateral left shoulder through a ½ x 3/8 inch stellate defect located 10 inches from the top of the head and 6 inches to the left of the anterior midline. The exit wound is also in the lateral midline of the shoulder. The stellate wound has no marginal abrasion or firearm residue on the skin.

The trajectory of the bullet is from right to left and slightly downward, with no significant front or back deviation.

Associated with the wound track has soft tissue injury with hemorrhage.

Gunshot wound "B":

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The anterior left chest has a gunshot entrance wound located 14 inches from the top of the head and 1-½ inches to the left of midline. The ¼ inch, round defect has an eccentric, red-brown, dried marginal abrasion that, clockwise, measures 1/8 inch from 12 o'clock to 6 o'clock and 1/16 inch from 6 o'clock to 12 o'clock. There is no soot or stippling on the skin.

The bullet perforates the skin and subcutaneous tissue of the anterior chest wall before perforating the left second intercostal space and second rib adjacent to the sternum. The bullet then sequentially perforates the upper lobe of the left lung, left pulmonary hilum, lower lobe of the left lung, and left eighth intercostal space with fractures of the left posterior eighth and ninth ribs adjacent to the spine. The bullet grazes the pulmonary artery, left atrium adjacent to the left atrial appendage in the vicinity of the pulmonary veins, and the ninth thoracic vertebral body.

The bullet exits the muscle, subcutaneous tissue, and skin of the left back through a 5/8 x ¼ inch stellate defect located 19-½ inches from the top of the head and ½ inch to the left midline.

The trajectory of the bullet is from front to back, slightly left to right, and downward.

The wound track is hemorrhagic and is associated with approximately 1890 cc of blood in the left pleural cavity and 100 cc of blood in the pericardial sac. The posterior segment of the right lower lobe has a red-purple contusion. No fragments are recovered along the wound track.

Gunshot wound "C":

The right mid back has a gunshot entrance wound located 16 inches from the top of the head and 4 inches to the right of midline. The 3/8 inch round defect has a 1/16 inch circumferential marginal abrasion. There is no soot or stippling on the skin.

The bullet perforates the skin, subcutaneous tissue, and muscle of the right side of the back before perforating the right scapula and lodging in the deep musculature of the right shoulder.

A moderately-deformed, copper jacketed projectile is recovered approximately 11 inches from the top of the head and approximately 5 inches to the right of midline. The base of the bullet is inscribed with "13867" and "CS", photographed, placed in an appropriately-labeled envelope, and submitted to the Criminal Investigation Laboratory.

The trajectory of the bullet is slightly right to left, back to front, and upward.

Associated with the wound track is soft tissue injury and hemorrhage.

Gunshot wound "D":

The left lower chest has an atypical gunshot entrance wound located 21 inches from the top of the head and 5-½ inches to the left of midline. The 1 x ½ inch elongated oval defect has a 1/4 inch, dried brown eccentric marginal abrasion from 11 o'clock to 7 o'clock. The skin from 2 o'clock to 4 o'clock is heaped up. A 2 x 1 inch tan-yellow, superficial abrasion is adjacent to the medial margin of the wound. There is no soot or stippling on the skin.

The bullet perforates the skin, subcutaneous tissue, and muscle of the left anterior abdominal wall before exiting



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through a stellate defect, located in the midaxillary line of the left flank, 22-½ inches from the top of the head.

The trajectory of the bullet is from right to left, slightly front to back, and slightly downward. Gunshot wound “D” likely represents a re-entrance of gunshot wound “E”, described below.

Associated with the wound track is soft tissue injury and hemorrhage. No fragments are recovered.

Gunshot wound “E”:

The back of the left forearm has a gunshot entrance wound located 17-½ inches from the top of the shoulder and 1-¼ inches to the ulnar side of the midline. The 3/8 inch, round defect has a ¼ inch, red-brown, eccentric marginal abrasion from 6 to 8 o'clock. There is no soot or stippling on the skin.

The bullet perforates the skin, subcutaneous tissue, and muscle of the left forearm before exiting through a 1 x ¾ inch atypical oval defect on the volar surface, located 15 inches from the top of the shoulder, and 1-¼ inches on the ulnar side of the midline. The wound has a ¼ inch marginal abrasion clockwise from 12 o'clock to 4 o'clock. There is a 3/8 inch-wide, semicircular abrasion that starts at the 3 o'clock margin and terminates 1/4 inch distal to the 6 o'clock margin. There is red-purple discoloration surrounding the wound.

The trajectory of the bullet is from front to back and distal to proximal, with no significant medial-lateral deviation.

Associated with the wound track is soft tissue injury and moderate hemorrhage. No fragments are recovered.

Gunshot wound “F”:

The anterolateral right thigh has an atypical gunshot entrance wound located 38-3/8 inches from the top of the head and ½ inch anterior to the lateral midline. The ¼ inch, oval defect has an eccentric marginal abrasion that, clockwise, measures ¼ inch from 12 o'clock to 4 o'clock, 1/8 inch from 4 o'clock to 8 o'clock, and 3/16 inch from 8 o'clock to 12 o'clock. A 1-1/8 x 1 inch group of red-brown abrasions is located slightly anterior and superior to the entrance wound (consistent with shored entrance). There is no soot or stippling on the skin.

The bullet perforates the skin and subcutaneous tissue of the anterolateral right thigh before exiting the posterolateral right thigh through a 5/8 inch oval defect, located 39-3/8 inches from the top of the head and 2 inches posterior to the lateral midline. The exit wound has a 1/8 inch marginal abrasion at 8 o'clock and a posterior-pointing skin tag at 3 o'clock.

The trajectory of the bullet is from right to left, front to back, and downward.

The wound track is slightly hemorrhagic. No fragments are recovered.

Other injuries:

The upper abdomen has a 1 inch, yellow-brown abrasion and a group of red linear petechiae. The right knee has a ¾ inch square, red-brown, scrape abrasion. The back of the right third knuckle has a faint red-purple contusion and a 1/16 inch abrasion.



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

EVIDENCE SUBMITTED

The following items are collected, sealed within appropriately-labeled containers, and submitted to the Criminal Investigation Laboratory:

- Decedent's clothing
- Decedent's wallet and contents
- Bags from hands
- Gunshot residue kit
- Right and left fingernails
- Head hair standard
- Blood standard
- Projectile.

INTERNAL EXAMINATION

BODY CAVITIES: See EVIDENCE OF INJURY. The thoracic and abdominal organs are in their normal anatomic positions. The viscera are markedly pale. The abdominal wall fat measures approximately 1-¼ inch. There are no adhesions. The right pleural cavity and abdominal cavity are free of abnormal collections of fluid.

HEAD: The scalp, subscalpular area, and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. There are no hemorrhages of the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable. The lingual mucosa is intact, and the underlying musculature is free of hemorrhage.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed. The lingual mucosa is intact and the underlying musculature is free of hemorrhage.

CARDIOVASCULAR SYSTEM: See EVIDENCE OF INJURY. The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth and glistening. There are no thrombi in the atria or ventricles. The coronary arterial system is right dominant and free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and has no focal abnormalities.

RESPIRATORY SYSTEM: See EVIDENCE OF INJURY. The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth, glistening, and have minimal anthracosis. The major bronchi are unremarkable and free of significant blood or frothy fluid. Sectioning of the lungs discloses a red-pink, spongy parenchyma, except as described above.



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HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 15 cc of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray and slightly friable. The stomach contains approximately 50 cc of opaque tan liquid. There are fragments of a round coated tablet, which disintegrates upon manipulation. Several additional tablet fragments are found in the proximal small bowel. The gastric mucosa is slightly autolyzed but is without ulcers. The small and large intestines are externally unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 200 cc of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: See EVIDENCE OF INJURY. The clavicles and pelvis are unremarkable. The diaphragm is intact.

TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from Forensic Pathology:

- 006: Biohazard Bag
- 006-001: Blood, femoral - gray top tube
- 006-002: Urine - red top tube
- 006-003: Skeletal muscle - plastic tube
- 006-004: Blood, subclavian - gray top tube
- 006-005: Blood, subclavian - gray top tube
- 006-006: Blood, subclavian - gray top tube
- 006-007: Blood, subclavian - red top tube



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Blood, postmortem

Acid/Neutral Screen (GC/MS)

negative (Item# 006-006)

Alcohols/Acetone (GC)

negative (Item# 006-005)

negative (Item# 006-006)

Alkaline Quantitation (GC/FID)

diphenhydramine: 0.06 mg/L (Item# 006-001)

methamphetamine: 0.06 mg/L (Item# 006-004)

Alkaline Screen (GC/MS)

norfluoxetine detected (006-006)

Electrolytes (Analyzer)

sample unsuitable

Marihuana/Cannabinoids (LC/MS)

tetrahydrocannabinol: 2.4 ng/mL (Item# 006-004)

Opiate Narcotics (GC/MS)

morphine: 0.043 mg/L (Item# 006-004)

Urine

Opiate Narcotics (GC/MS)

codeine: 0.599 mg/L (Item# 006-002)

morphine: 6.159 mg/L (Item# 006-002)

6-monoacetylmorphine: 0.994 mg/L (Item# 006-002)



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FINDINGS:

I. Gunshot wounds:

A. Gunshot wound "A":

1. Entrance: top of left shoulder.
2. Injury: soft tissue injury.
3. Exit: lateral left shoulder.
4. Trajectory: right to left and slightly downward, with no front or back deviation.
5. Apparent range of fire: no firearm residue on skin (probable ricochet bullet).

B. Gunshot wound "B":

1. Entrance: left chest.
2. Injury:
 - a. Perforation of left anterior second and posterior 8th intercostal spaces, left second rib, left lung, and left back musculature.
 - b. Graze defects of heart, pulmonary artery, and ninth thoracic vertebra.
 - c. Left hemothorax and hemopericardium approximately 2 liters.
 - d. Pulmonary contusion, right lower lobe.
3. Exit: left lower back.
4. Trajectory: slightly left to right, front to back, and downward.
5. Apparent range of fire: no firearm residue on skin.

C. Gunshot wound "C":

1. Entrance: right back.
2. Injury: soft tissue injury.
3. Exit: right shoulder.
4. Trajectory: slightly right to left, back to front, and upward.
5. Apparent range of fire: no firearm residue on skin.

D. Gunshot wound "D":

1. Entrance: left lower chest.
2. Injury: soft tissue injury.
3. Exit: left flank.
4. Trajectory: right to left, slightly front to back, and slightly downward.
5. Apparent range of fire: no firearm residue on skin.
6. Probable re-entrance wound of gunshot wound "E".

E. Gunshot wound "E":

1. Entrance: back of left forearm.
2. Injury: soft tissue injury.
3. Exit: volar surface of left forearm.
4. Trajectory: back to front and upward, with no medial or lateral deviation.
5. Apparent range of fire: no firearm residue on skin.

F. Gunshot wound "F":

1. Entrance: anterolateral right thigh.



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2. Injury: soft tissue injury.
3. Exit: posterolateral right thigh.
4. Trajectory: right to left, front to back, and downward.
5. Apparent range of fire: no firearm residue on skin.

II. Superficial abrasions and contusions of extremities.

III. Postmortem toxicology positive for methamphetamine, heroin, and tetrahydrocannabinol.

IV. Investigative information indicates the decedent was shot in a police shooting situation.

CONCLUSIONS:

Based on the autopsy and the history available to me, it is my opinion that Andrew Scott Gaynier, a 26-year-old white man, died as a result of a gunshot wound of the chest.

MANNER OF DEATH: Homicide



09/22/2014

Candace Schoppe, M.D.
Medical Examiner



09/25/2014

Stephanie Burton, M.D.
Medical Examiner



09/23/2014

Tracy Dyer, M.D., J.D.
Medical Examiner



09/23/2014

Chester Gwin, M.D.
Medical Examiner



Gaynier, Andrew Scott



09/29/2014

William McClain, M.D.

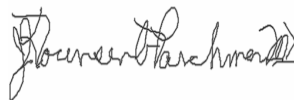
Medical Examiner



09/25/2014

Emily Ogden, M.D.

Medical Examiner



10/06/2014

Janis Townsend-Parchman, M.D.

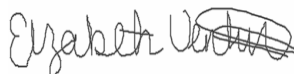
Medical Examiner



09/23/2014

Jill Urban, M.D.

Medical Examiner



09/25/2014

Elizabeth Ventura, M.D.

Medical Examiner



09/26/2014

Reade A Quinton, M.D.

Deputy Chief Medical Examiner

Gaynier, Andrew Scott



09/30/2014

Jeffrey Barnard, M.D.

Director and Chief Medical Examiner

