



**SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS**



**Office of the Medical Examiner  
Autopsy Report**

**Case: IFS-14-10389 - ME**

**Decedent: Harrison, Jason Sherard**      38 years Black Male    DOB: 08/29/1975

Date of Death: 06/14/2014 (Actual)

Time of Death: 12:00 PM (Actual)

Examination Performed: 06/15/2014 07:30 AM

Body Weight:      209 lbs              BMI: 29.99

Body Length:      70 in

**ORGAN WEIGHTS:**

Brain: 1,620 g	Right Lung 320 g	Right Kidney: 150 g
Heart: 410 g	Left Lung: 250 g	Left Kidney: 140 g
Liver: 1,260 g	Spleen: 60 g	

**EXTERNAL EXAMINATION**

The body is identified by toe tag. Photographs, fingerprints, palmprints and radiographs of the trunk and upper extremities are taken.

When first viewed, the body is clad in blue shorts, a white T-shirt, black and gray shoes, white socks, and boxer shorts. The white T-shirt is bloodstained and shows multiple defects. The hands are bagged. There is no jewelry. A black wallet is located in a pocket of the shorts containing multiple cards and papers, a stamp, a debit card (8603), a Texas driver's license, a social security card, and two condoms. The wallet and personal effects are released with the body. The hand bags and clothing are retained for submission to the Criminal Investigation Laboratory. The driver's license and social security card are retained and destroyed.

The body is that of a well-developed, well-nourished, black male whose appearance is compatible with the stated age of 38 years. The body, when nude weighs 209 pounds and is 70 inches long. There is good preservation in the absence of embalming. The body is cold, rigor is fully-developed, and lividity is inapparent.

The scalp hair consists of closely shaved black stubble. A black mustache and goatee are on the face. An average amount of body hair is in a normal distribution. The irides are brown, the corneae are clear, and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose, and lips are unremarkable. The teeth are natural and in good condition. The neck is unremarkable. The chest is symmetrical. The abdomen is flat. The external genitalia, anus, and perineum are unremarkable. The penis appears to be circumcised and the testicles are descended into the scrotum. The extremities are well-developed and symmetrical. The back is unremarkable.



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## IDENTIFYING MARKS AND SCARS

None.

## EVIDENCE OF THERAPY

Electrocardiogram pads are on the extremities.

## EVIDENCE OF INJURY

There are six gunshot wounds labeled 1 through 6 for purposes of identification, without regard to severity or chronologic sequence.

### I. Gunshot wound of the left side of the chest (#1):

A gunshot wound of entrance is on the upper left side of the chest, centered 12 inches from the top of the head, and 3 inches to the left midline. The defect is roughly circular, measuring  $\frac{5}{8}$  inch in diameter with a  $\frac{3}{4}$  inch graze-like abrasion extending from the 9 o'clock position. There is no soot or stippling.

After perforating the skin and subcutaneous tissues of the left side of the chest, the projectile subsequently perforates the underlying musculature and exits the left shoulder (no projectile recovered).

An exit defect is on the lateral aspect of the left shoulder, approximately 11 inches from the top of the head, and 9 inches to the left of midline. The defect is irregular, measuring  $\frac{3}{4} \times \frac{1}{2}$  inch.

The wound track is slightly hemorrhagic. The direction is right to left, front to back, and upward.

### II. Gunshot wound of the right side of the chest (#2):

A gunshot wound is on the right side of the chest, centered 24 inches from the top of the head, and 6- $\frac{1}{2}$  inches to the right of midline. The defect is irregular, measuring roughly  $\frac{7}{8}$  inch in diameter with irregular marginal abrasions circumferentially, extending up to  $\frac{1}{2}$  inch at the 12 o'clock position. Four satellite,  $\frac{3}{16}$  inch round defects are located near this gunshot wound. Two of the defects are located 2 inches from the 12 o'clock position; one is located  $\frac{3}{4}$  inch from the 3 o'clock position; and one is located  $\frac{1}{8}$  inch from the 12 o'clock position within the previously-described marginal abrasion. A disc-shaped fragment of lead projectile is within the subcutaneous tissues directly underneath one of these small round abrasions. There is no soot or stippling.

After the main projectile perforates the right side of the chest, the projectile perforates the underlying musculature, peritoneal cavity, and passes directly above the bladder, entering the left side of the pelvis within the pelvic gutter.

A medium-caliber, markedly-deformed, jacketed projectile is recovered from the subcutaneous tissues adjacent to the left side of the pelvis. The projectile is sealed in an appropriately-labeled envelope, and submitted to the Criminal Investigation Laboratory.

There is no significant fluid within the peritoneal cavity, however, there is extensive hemorrhage of the soft tissues surrounding the bladder.



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

**III. Gunshot wound of the lateral right side of the chest (#3):**

A gunshot wound of entrance is on the lateral right side of the chest, centered 19 inches from the top of the head and on the midaxillary line. The defect is circular, measuring  $\frac{1}{4}$  inch in diameter, with a thin circumferential marginal abrasion. There is no soot or stippling.

After perforating the skin and subcutaneous tissues of the right side of the chest, the projectile subsequently perforates the right fifth intercostal space laterally, middle lobe of the right lung, upper lobe of the left lung, left sixth intercostal space laterally, and exits the lateral left side of the chest (no projectile recovered).

An exit defect is on the lateral left side of the chest, centered 19 inches from the top of the head, and on the left midaxillary line. The defect is irregular, measuring  $\frac{3}{8}$  inch in greatest dimension.

The right pleural cavity contains 770 mL of partially-clotted blood, and the left pleural cavity contains 580 mL of partially-clotted blood (see also gunshot wound #5).

The direction is right to left, with no significant deviation horizontally or vertically.

**IV. Gunshot wound of the right forearm (#4):**

A gunshot wound of entrance is on the posteromedial right forearm, centered 5 inches proximal to the right wrist, and 1- $\frac{1}{2}$  inches medial to the posterior midline of the right forearm. The defect is circular, measuring  $\frac{3}{8}$  inch in diameter, with a thin circumferential marginal abrasion. There is no soot or stippling.

After perforating the skin of the right forearm, the projectile perforates the underlying musculature, and exits the right forearm through an irregular 3 x 2 inch defect on the anteromedial right forearm, centered approximately 5 inches proximal to the right wrist. A projectile is not recovered.

In the anatomic position, the direction is back to front, left to right and upward.

Given the fact that there are only five shots reported at the scene, and given the irregular nature of the entrance wound of gunshot wound #2, it is possible that the projectile from gunshot wound #4 re-enters the body as gunshot wound #2.

**V. Gunshot wound of the lateral right side of the back (#5):**

A gunshot wound entrance is on the lateral right side of the back, centered 23 inches from the top of the head, and 7- $\frac{1}{2}$  inches to the right of posterior midline. The defect is circular, measuring  $\frac{1}{4}$  inch in diameter, with a  $\frac{1}{16}$  inch abrasion at the 3 o'clock position. There is no soot or stippling.

After perforating the skin and subcutaneous tissues of the lateral right side of the back, the projectile subsequently perforates the underlying musculature, right tenth intercostal space posterolaterally, right kidney, right lobe of the liver, aorta, left ventricle of the heart, upper lobe of the left lung near the hilum, left fifth intercostal space laterally, and penetrates the left axilla.



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A medium-caliber, partially-deformed, jacketed projectile is recovered from the soft tissues of the left axilla. The projectile is sealed within an appropriately-labeled envelope, and submitted to the Criminal Investigation Laboratory.

The left pleural cavity contains 580 mL of partially-clotted blood (see also gunshot wound #2).

The direction is back to front, upward, and right to left.

**VI. Gunshot wound of the lower right side of the back (#6):**

A gunshot wound of entrance is on the lower right side of the back, centered 25-½ inches from the top of the head, and 3 inches to the right of posterior midline. The defect is circular, measuring ¼ inch in diameter, with a ¼ inch marginal abrasion extending from the 3 o'clock position. There is no soot or stippling.

After perforating the skin and subcutaneous tissues of the right side of the back, the projectile subsequently perforates the underlying musculature, left side of the pelvis near the vertebral column, where the lead projectile separates from its copper jacket. The copper jacket is located in the left psoas muscle. The lead core is recovered from the upper pole of the left kidney. The left kidney and adrenal gland are hemorrhagic.

The direction is back to front, upward, and right to left.

**EVIDENCE SUBMITTED**

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

- Blood standard
- Fingernail clippings
- Gunshot residue kit
- Clothing
- Hand bags
- Three projectiles
- Small discoid projectile fragment, right side of the chest.

**INTERNAL EXAMINATION**

**BODY CAVITIES:** See EVIDENCE OF INJURY. The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions.

**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.



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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.

CARDIOVASCULAR SYSTEM: See EVIDENCE OF INJURY. The aorta and its major branches and the great veins are normally distributed. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. The endocardium is free of mural thrombi. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm.

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 and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBIILIARY SYSTEM: See EVIDENCE OF INJURY. The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 mL of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 1000 mL of cloudy white fluid and partially-digested rice. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: See EVIDENCE OF INJURY. The capsules of both kidneys strip with ease to reveal smooth cortical surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 50 mL of bloody urine. The mucosa is tan and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

ENDOCRINE SYSTEM: See EVIDENCE OF INJURY. The thyroid and right 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, ribs, sternum, and vertebral column have no fractures. The diaphragm is intact.

**TOXICOLOGY:****Evidence Submitted:**

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

- 009: Biohazard Bag
- 009-002: Vitreous - red top tube
- 009-003: Skeletal muscle - plastic tube
- 009-004: Blood, subclavian - gray top tube
- 009-005: Blood, chest - gray top tube
- 009-006: Blood, chest - gray top tube
- 009-007: Blood, chest - gray top tube
- 009-008: Blood, chest - red top tube



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**Blood, postmortem**

**Acid/Neutral Screen (GC/MS)**

negative (Item# 009-006)

**Alcohols/Acetone (GC)**

negative (Item# 009-006)

**Alkaline Screen (GC/MS)**

negative (Item# 009-007)

**Marihuana/Cannabinoids (LC/MS)**

tetrahydrocannabinol: 4.8 ng/mL (Item# 009-004)

carboxytetrahydrocannabinol: 32.4 ng/mL (Item# 009-004)

**Vitreous**

**Alcohols/Acetone (GC)**

negative (Item# 009-002)



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**FINDINGS:**

1. Gunshot wound of the left side of the chest (#1):
  - a. Entrance: left side of the chest.
  - b. Apparent range of fire: no soot or stippling.
  - c. Direction: right to left, front to back, and upward.
  - d. Injuries: perforations of skin and musculature of the left side of the chest and left shoulder (no projectile recovered).
  - e. Exit: left shoulder.
  
2. Gunshot wound of the right side of the chest (#2):
  - a. Entrance: right side of the chest.
  - b. Apparent range of fire: no soot or stippling.
  - c. Direction: right to left, downward, and slightly front to back.
  - d. Injuries: perforations of the peritoneal cavity and left side of the pelvis.
  - e. Recovery: medium-caliber, markedly-deformed, jacketed projectile recovered from the left side of the pelvic gutter.
  
3. Gunshot wound of the lateral right side of the chest (#3):
  - a. Entrance: lateral right side of the chest.
  - b. Apparent range of fire: no soot or stippling.
  - c. Direction: right to left with no horizontal or vertical deviation.
  - d. Injuries: perforations of the right fifth intercostal space, right and left lungs, and left sixth intercostal space (no projectile recovered).
  - e. Exit: lateral left side of the chest.
  
4. Gunshot wound of the right forearm (#4):
  - a. Entrance: posteromedial right forearm.
  - b. Apparent range of fire: no soot or stippling.
  - c. Direction: back to front, left to right, and upward in the anatomic position.
  - d. Injuries: perforations of skin and musculature (no projectile recovered).
  - e. Exit: anteromedial right forearm.
  
5. Gunshot wound of the lateral right side of the back (#5):
  - a. Entrance: lateral right side of the back.
  - b. Apparent range of fire: no soot or stippling.
  - c. Direction: right to left, upward, and back to front.
  - d. Injuries: perforations of the right tenth intercostal space, right kidney, right lobe of the liver, aorta, heart, left lung, and left fifth intercostal space.
  - e. Recovery: medium-caliber, partially-deformed, jacketed projectile recovered from the left axilla.
  
6. Gunshot wound of the right lower back (#6):



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- a. Entrance: right lower back.
- b. Apparent range of fire: no soot or stippling.
- c. Direction: back to front, right to left, and upward.
- d. Injuries: perforations of the musculature of the back, left side of the pelvis, and penetration into the left psoas muscle and left kidney.
- e. Recovery: markedly-deformed, medium-caliber lead core recovered from the left kidney, and markedly-deformed copper jacket recovered from the left psoas muscle.

7. Police related shooting.

**CONCLUSIONS:**

Based on the case history and autopsy findings, it is my opinion that Jason Sherard Harrison, a 38-year-old black male, died as a result of gunshot wounds. Scene investigation and autopsy findings suggest that the gunshot wound of the right forearm (gunshot wound #4) re-entered the right side of the chest (gunshot wound #2).

**MANNER OF DEATH:** Homicide



07/14/2014

Reade Quinton, M.D.

Chief Deputy Medical Examiner



07/18/2014

Stephanie Burton, M.D.

Medical Examiner



07/15/2014

Tracy Dyer, M.D., J.D.

Medical Examiner



07/15/2014

Chester Gwin, M.D.

Medical Examiner





07/22/2014

William McClain, M.D.  
Medical Examiner



07/19/2014

Candace Schoppe, M.D.  
Medical Examiner



07/15/2014

Janis Townsend-Parchman, M.D.  
Medical Examiner



07/14/2014

Jill Urban, M.D.  
Medical Examiner



07/16/2014

Elizabeth Ventura, M.D.  
Medical Examiner



07/15/2014

Jeffrey Barnard, M.D.  
Director and Chief Medical Examiner

