

# Office of the Chief Medical Examiner

CB # 7580 Chapel Hill, NC 27599-7580

Telephone 9199662253

## REPORT OF AUTOPSY EXAMINATION

### DECEDENT

**Document Identifier** B200903635

**Autopsy Type** ME Autopsy

**Name** Courtland Benjamin Smith

**Age** 21 yrs

**Race** White

**Sex** M

### AUTHORIZATION

**Authorized By** Gordon B. Arnold MD

**Received From** Guilford

### ENVIRONMENT

**Date of Exam** 08/24/2009

**Time of Exam** 9:50

**Autopsy Facility** Office of the Chief Medical Examiner **Persons Present** Hiliary Sheaves, Dr. Gaffney-Kraft, and Special Agent K.F. Cummings of the North Carolina SBI (in observation room)

### CERTIFICATION

#### Cause of Death

Multiple gunshot wounds

**The facts stated herein are correct to the best of my knowledge and belief.**

#### Digitally signed by

Samuel Simmons MD 14 October 2009 14:56

### DIAGNOSES

Penetrating gunshot wound of left forearm and upper abdomen with injury to diaphragm, small bowel, left external iliac vein, and left psoas muscle

Associated hemoperitoneum

Penetrating gunshot wound of lower abdomen with injury to small bowel, sigmoid colon, right external iliac vein, and right psoas muscle

Associated hemoperitoneum

Perforating gunshot wound of left thigh

Associated localized hemorrhage and tissue laceration

Partially-penetrating gunshot wound of upper back

Associated localized hemorrhage and tissue laceration

### IDENTIFICATION

#### Body Identified By

Papers/ID Tag

### EXTERNAL DESCRIPTION

**Length** 72 inches

**Weight** 203 pounds

**Body Condition** Intact

**Rigor** Present and breakable

**Livor** Posterior, red-purple, and slightly blanching

**Hair** Brown, approximately 2" in length

**Eyes** Previously removed by North Carolina Eye Bank and brown per report

**Teeth** Natural and in good condition

Received in a zippered disaster pouch is the body of a well-developed, well-nourished adult white male appearing compatible with the reported age. The body is identified by paperwork accompanying the disaster pouch. The body is not clad. Contained within the disaster pouch underneath the body are a pair of tan shorts, blue t-shirt, and white boxer shorts (all previously cut open). Also, within the disaster pouch is a brown paper bag labeled "tennis shoes,"

which was not opened at OCME. Personal effects with the body consist of \$20.76 in the shorts pocket. The decedent's hands have been previously covered by brown paper bags and taped at the forearms. These brown paper bags are removed revealing a gauze bandage on the left forearm, which covers the initial entrance and exit of gunshot wound #1. No other injuries are noted on the hands, and the fingernails are short with no visible debris underneath. There are no readily identifiable marks or scars. Evidence of medical intervention consists of gauze over the eye orbits, an endotracheal tube in the mouth, defibrillator pads, EKG pads, a small catheter in the left upper chest, a blood pressure cuff on the right upper arm, a pulse oximeter on the right second finger, a triple-lumen catheter in the right groin area, and a puncture in the left groin area.

## **INJURIES**

### Gunshot wound #1:

On the left medial forearm, centered at a point 20" below the top of the head, is an entrance gunshot wound consisting of a 1/2" x 1/2" irregular skin perforation with a marginal abrasion from 3 to 4 o'clock. No soot or stippling is present on the skin around the entrance wound. The wound track subsequently perforates the skin and soft tissue of the left forearm and exits the medial left forearm at a point 28 1/2" below the top of the head in an irregular 2 1/4" x 3/4" skin perforation. The wound track then reenters the upper abdomen, centered at a point 22 1/2" below the top of the head and 1/2" to the left of anterior midline, in a 5/8" x 1/2" irregular skin perforation with surrounding abrasion, which extends up to 1 1/4" at 6 o'clock. Drying artifact is also present around this wound. There are small punctate abrasions at 12 o'clock relative to the entrance wound. No soot or stippling is present on the skin around the entrance wound. The wound track subsequently perforates the musculature and soft tissue of the anterior abdominal wall, diaphragm, small bowel, mesentery, left external iliac vein, and penetrates into the left psoas muscle. Recovered within the left psoas muscle is a deformed, medium caliber, copper-jacketed projectile. Associated injuries consist of a hemoperitoneum (approximately 1800 mL). In the anatomical position, the wound track travels from the decedent's front to back, and downward. Examination of the t-shirt reveals a defect in the area in the approximate location over the entrance wound. Gunshot residues are not visible on the clothing.

### Gunshot wound #2:

On the lower abdomen, centered at a point 28" below the top of the head and 1" to the right of anterior midline, is an entrance gunshot wound consisting of a 3/8" x 3/8" round skin perforation with a marginal abrasion from 9 to 1 o'clock. No soot or stippling is present on the skin around the entrance wound. The wound track subsequently perforates the musculature of the anterior abdominal wall, distal portion of small bowel, sigmoid colon, right external iliac vein, and penetrates into the right psoas muscle. Recovered within the right psoas muscle is a deformed, medium caliber, copper-jacketed projectile. Associated injuries consist of a portion of the previously-described hemoperitoneum. In the anatomical position, the wound track travels from the decedent's front to back, and downward. Examination of the t-shirt reveals a defect in the area in the approximate location over the entrance wound. Gunshot residues are not visible on the clothing.

### Gunshot wound #3:

On the anterior left thigh, centered at a point 44" below the top of the head, is an entrance gunshot wound consisting of a 1/2" x 3/8" oval skin perforation with a slight circumferential marginal abrasion. No soot or stippling is present on the skin around the entrance wound. The wound track subsequently perforates the musculature and soft tissue of the left thigh and exits the posterior aspect of the left thigh at a point 43" below the top of the head in a 3/4" x 1/2" irregular skin perforation. No projectiles are recovered. Associated injuries consist of hemorrhage and laceration along the wound track. In the anatomical position, the wound track travels from the decedent's front to back, and slightly downward. Examination of the decedent's shorts reveals a defect in the left leg in the approximate location over the entrance wound. Gunshot residues are not visible on the clothing.

### Gunshot wound #4:

On the central upper back, centered at a point 11 1/2" below the top of the head and 1/2" to the left of posterior midline, is an entrance gunshot wound consisting of an irregular 1" x 1/2" skin perforation with an irregular wide marginal abrasion. No soot or stippling is present on the skin around the entrance wound. Two small abrasions are present at 10 o'clock approximately 2 1/2" from the center of this entrance wound. The wound track subsequently penetrates into the left paraspinal muscles and partially exits. Recovered within the decedent's t-shirt is a deformed, medium caliber, copper-jacketed projectile. Associated injuries consist of localized hemorrhage and tissue laceration along the wound track. In the anatomical position, the wound track travels from the decedent's back to front, and slightly downward. Examination of the decedent's t-shirt reveals a defect and the retained projectile in the approximate location over the

entrance wound. Gunshot residues are not visible on the clothing.

The numbers assigned to these gunshot wounds are arbitrary and used for descriptive purposes only, and do not necessarily reflect the order in which the wounds were inflicted.

No other significant internal or external injuries are present.

## **DISPOSITION OF CLOTHING AND PERSONAL EFFECTS**

### **The following items are released with the body**

None.

### **The following items are preserved as evidence**

Clothing, personal effects, the previously-bagged tennis shoes, blood spot card, and recovered projectiles (3) are received by Special Agent Cummings on 8/24/09.

## **PROCEDURES**

### **Radiographs**

Three postmortem x-rays show 3 radiopacities consistent with deformed projectiles in the chest/back and abdomen.

## **INTERNAL EXAMINATION**

### **Body Cavities**

The bilateral pleural and peritoneal cavities contain no adhesions. The bilateral pleural cavities contain no significant fluid. All body organs are present and in their normal anatomic relationship, with the exception of the appendix which is not identified.

### **Cardiovascular System**

**Heart Weight** 390 grams

The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution, and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves bear the usual size-position relationships and are unremarkable. The myocardium shows no evidence of acute infarction, scarring, or focal lesions. The aorta and its major branches are intact without significant atherosclerosis.

### **Respiratory System**

**Right Lung Weight** 500 grams

**Left Lung Weight** 300 grams

The larynx is clear. The upper and lower airways are free of debris and foreign material. The lungs appear deflated, but normally formed. The parenchyma of both lungs shows slight congestion without obvious consolidation or focal lesions. The pulmonary arteries are free of thrombi or emboli.

### **Gastrointestinal System**

Except as noted, the GI tract is intact throughout its length and is unremarkable. The appendix is not identified. The stomach contains approximately 50 mL of tan-brown fluid.

### **Liver**

**Liver Weight** 1590 grams

The capsule is intact and the parenchyma is unremarkable. The gallbladder contains approximately 20 mL of green-brown bile and no gallstones.

### **Spleen**

**Spleen Weight** 270 grams

The spleen is normally formed and no focal lesions are identified.

### **Pancreas**

Normal size, shape, and consistency without focal lesions.

### **Urinary**

**Right Kidney Weight** 130 grams

**Left Kidney Weight** 150 grams

The kidneys are of normal size and shape. The capsules strip with ease from the underlying smooth cortical surfaces. The renal architecture is intact without focal lesions. The ureters are intact without dilation. The bladder contains no residual urine.

### **Reproductive**

The prostate gland is unremarkable.

### **Endocrine**

The thyroid gland is of normal size, shape, and consistency. The bilateral adrenal glands are grossly unremarkable.

### **Neurologic**

**Brain Weight** 1670 grams

The leptomeninges are thin, delicate, and congested. The cerebral hemispheres are unremarkable. The vasculature at the base of the brain is intact without significant atherosclerosis. Coronal sections reveal normal architecture without focal lesions.

### **Skin**

Except as noted, no other focal lesions are identified.

### **Immunologic System**

No residual thymus gland is identified. There is no evidence of lymphadenopathy.

### **Musculoskeletal System**

Except as noted, grossly unremarkable. There are no fractures identified within the skull or of the axial and appendicular skeletons. Examination of the soft tissues of the neck, including the strap muscles and large vessels, reveals no abnormalities. The hyoid bone and laryngeal cartilages are intact. The lingual mucosa is intact and the underlying musculature is devoid of hemorrhage.

## **MICROSCOPIC EXAMINATION**

### **Cardiovascular**

Sections of heart show slight interstitial and perivascular fibrosis without significant inflammation or fibrosis.

### **Respiratory**

Sections of lungs show vascular congestion with scattered intra-alveolar red blood cells and macrophages.

### **Liver**

A section of liver shows mild periportal fibrosis and focal slight fatty change.

### **Genitourinary**

A section of kidney shows a focal area of sclerotic glomeruli.

### **Neurologic**

Sections of brain show vascular congestion and focal red blood cell extravasation.

## **SUMMARY AND INTERPRETATION**

The decedent was a 21 year old man who was shot multiple times after being stopped by law enforcement officers while driving on the interstate, after reportedly expressing thoughts of suicide.

Significant findings at autopsy include a penetrating gunshot wound of the left forearm and the upper abdomen with injury to diaphragm, small bowel, left external iliac vein and left psoas muscle, and associated hemoperitoneum; penetrating gunshot wound of the lower abdomen with injury to small bowel, sigmoid colon, right external iliac vein and right psoas muscle, and associated hemoperitoneum; perforating gunshot wound of the left thigh with associated localized hemorrhage and tissue laceration; and a partially-penetrating gunshot wound of the upper back with associated localized hemorrhage and tissue laceration.

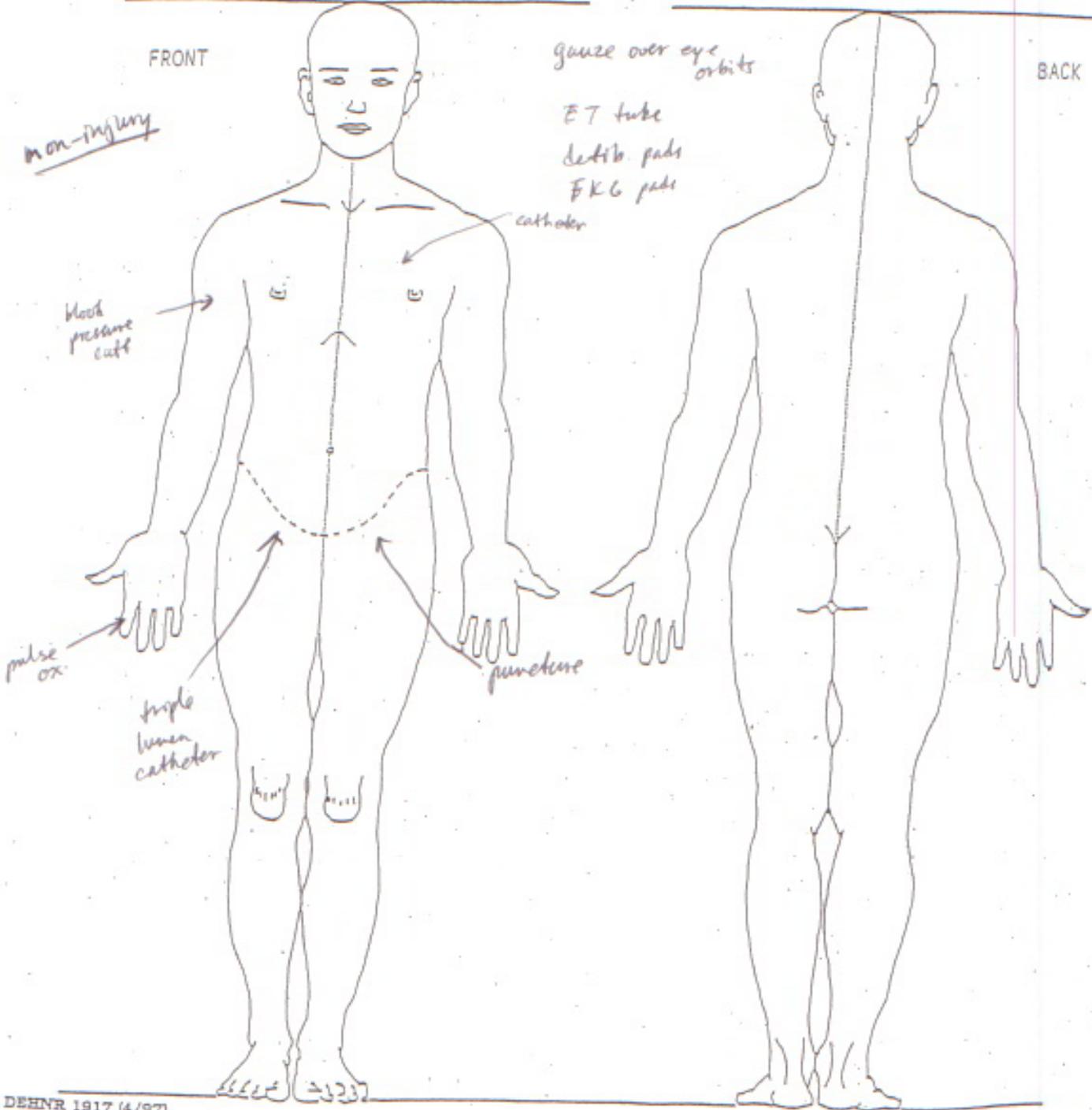
Postmortem toxicological analysis reveals the presence of ethanol (220 mg/dL or 0.22% aorta blood and 240 mg/dL vitreous humor), confirming that the decedent was intoxicated at the time of his death. No benzodiazepines are present in aorta blood.

Given the autopsy and investigative findings, it is my opinion that the cause of death in this case is multiple gunshot wounds.

## **DIAGRAMS**

1. 1. Adult (front/back)-Non-Injury
2. 2. Adult (front/back)-Injury

**BODY DIAGRAM: ADULT (Front/Back)**



DEHNR 1917 (4/97)  
Medical Examiner

This form may be photocopied.

PAGE \_\_\_ OF \_\_\_

### BODY DIAGRAM: ADULT (Front/Back)

FRONT

BACK

injury

**Gsw #1 re-entrance**

5/8" x 1/2" irreg.  
E surrounding abr.  
up to 1 1/4" @ bottom  
+ E punctate abr.  
@ 12 o'clock  
Ø snot/stippling  
dry ing all foot  
22 1/2" ↓ TOH  
1/2" @ ant. mid

**Gsw #2 entrance**

7/8" x 7/8" round  
E marg. abr.  
from 9-10 o'clock  
Ø snot/stippling  
28" ↓ TOH  
1" @ ant. mid.

**Gsw #1 exit**  
2 1/4" x 7/8" irreg  
28 1/2" ↓ TOH

**Gsw #1 entrance**  
1/2" x 1/2" irreg  
E marg. abr. @  
3-4 o'clock  
28" ↓ TOH  
Ø snot/stippling

**Gsw #3 entrance**

1/2" x 7/8" oval  
d. circum. marg. abr.  
Ø snot/stippling  
44" ↓ TOH

**Gsw #3 exit**

3/4" x 1/2" irreg  
43" ↓ TOH

**Gsw #4 entrance**

1" x 1/2" irreg  
E irreg, wide  
marg. abr.  
Ø snot/stippling  
11 1/2" ↓ TOH  
1/2" @ post. mid

2 small abr.  
@ 10 o'clock,  
~ 2 1/2" from  
center of  
entrance  
wound.