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AUTOPSY

NAME: NAVARRO, LUIS GUTIERREZ

DEPUTY CORONER: Laurel Weeks

POSTMORTEM DATE: 05-01-09

PLACE OF DEATH: Woodland Healthcare

AGE: 26 SEX: Male HT: 69 in. WT: 199 lb. RACE: Hispanic

AUTOPSY FINDINGS:

1. Gunshot wound of neck and lower head.
 - A. Entrance wound, apparent distant range, posterior upper right shoulder.
 - B. Penetrating wound track through right scapula, soft tissues of right neck, upper airway and left anterior mandible.
 - C. Fractures of thyroid cartilage and hyoid bone, right.
 - D. Minute projectile fragments retained along wound path; one projectile fragment recovered.
 - E. Dental fracture, left lower first molar with aspiration of tooth fragment.
 - F. Moderate to severe blood aspiration.
 - G. Transection of right external jugular vein with hemorrhage and venous air embolism.
 - H. Wound path back to front, right to left, and upward.
2. Minor cutaneous abrasions, right upper neck.
3. Cutaneous lacerations of left hand.
4. Fading contusion of left shin.
5. Postmortem toxicology showing blood methamphetamine level 420 ng/mL and amphetamine level 48 ng/mL (see NMS report).

NOT TO BE DUPLICATED
YOLO COUNTY SHERIFF-CORONER

CAUSE OF DEATH: Gunshot wound of neck and lower head, (minutes).

Gregory D. Reiber, M.D.
Forensic Pathologist

GDR/tn
D: 05-01-09
T: 05-04-09

"Service Without Limitations"

The autopsy is conducted at the Yolo County Sheriff-Coroner's Morgue in Woodland, CA. Autopsy assistant: Stephen Gibson. Witnesses: Investigator Bruce Nabiloff, Yolo County District Attorney's Office; Det. Dallas Hyde, Woodland PD; Dale Phillips and Norma Rodriguez, Woodland PD CSI Officers; Deputy Coroners Gina Moya and Laurel Weeks, and Student Intern Samantha Bishoff.

EXTERNAL EXAMINATION

The partially clothed, unembalmed body is that of a well-developed, well-nourished Hispanic man appearing the listed age. The clothing includes gray and blue print boxer shorts. White Tyvek® bags are present on the hands and feet. The body is lying on an orange plastic rescue backboard which is secured to the body with blue straps. Other signs of medical intervention include an oral airway in the mouth, 3 EKG pads on the anterior torso and a peripheral vascular catheter taped in place in the left antecubital fossa. The body is cold to the touch and there is generalized fully fixed rigor mortis. A blanching posterior lividity pattern is present. The decedent is identified by a Coroner's tag affixed to the left ankle.

The subject is normocephalic. There is evidence of penetrating injury on the left lower face which is described below. No other external head injuries are seen. The scalp hair is very short dark brown. The facial features are symmetrical. The corneas are clear. The irides are brown; the pupils are round and equal. The conjunctivae show slight postmortem drying and are otherwise unremarkable. The nose is normally formed. The nostrils are partially filled with blood. No bony crepitus is palpable over the midface. The ears are symmetrical. There is a small amount of external hemorrhage from the right ear canal. The teeth are natural and in good repair. The oral mucous membranes focal injury on the left side associated with a comminuted mandibular fracture which is described in greater detail below. The facial hair consists of a fine dark brown moustache and goatee.

The neck is symmetrical and stable. Minor external injury on the right upper neck is described below. Encircling the neck is a dark brown woven band holding two black and gold embroidered scapularies. The trachea is palpable midline. The chest is symmetrical and stable. No injuries are seen on the anterior chest. The abdomen is slightly rounded and firm. No external abdominal trauma is seen. The external genitalia are normal, uncircumcised adult male with palpably descended testes and a normal pubic hair pattern. The anus is unremarkable.

The upper and lower extremities are symmetrical and well-developed. Minor external injuries are seen on the left hand and left lower leg, described in greater detail below. The bags covering the hands are removed to reveal transfer blood staining covering much of the right hand and a small amount of blood staining on the left hand. No pigment residues are seen on either hand. The fingernails are intact, short and slightly dirty. There is no clubbing of the fingernails. Removal of the bags covering the feet reveals no evidence of injury or blood spatter. The toenails are thin, short and intact. The soles of the feet are grossly unremarkable. The back is symmetrical and the spine is palpably stable. Penetrating injury on the posterior right shoulder is described further below.

SCARS AND IDENTIFYING MARKS

Two vaccination scars are present on the lateral right shoulder, one measuring approximately 3/8 inch and the other about 1/4 inch in diameter. Several obliquely oriented jagged scars up to 1/2 inch are present on the lateral surface of the right upper arm near the elbow. A tattoo of the name "Irma" is present on the left upper chest. A tattoo of the name "Gutierrez" is present in cursive lettering on the ventral surface of the proximal left forearm. A single dot is tattooed on the proximal phalanx of the right index

finger. Single dots are tattooed on the proximal phalanges of the left middle, ring and little fingers. No surgical scars are seen.

EXTERNAL EVIDENCE OF INJURY

A perforating gunshot wound of the upper torso and lower face is present. The entrance wound is located on the posterior right shoulder, 11- $\frac{1}{4}$ inches below the top of the head and 5- $\frac{1}{2}$ inches to the right of the posterior midline. The wound is slightly ovoid and measures 0.7 cm x 0.9 cm in diameter. A dark red-brown abrasion collar is present around the wound; the abrasion is particularly prominent between the 1 o'clock and 5 o'clock positions where it measures up to 0.2 cm in width. No soot deposition or stippling is present.

An irregular, somewhat triangular exit wound is present on the left lower face, 7 $\frac{1}{2}$ inches below the top of the head and 2 $\frac{1}{4}$ inches to the left of midline. The exit wound measures 2.0 cm x 1.0 cm in overall dimensions. The margins of the exit wound are irregularly lacerated and show no abrasion. No soot or stippling is seen on the surrounding skin. Postmortem radiographs of the head show 3 small retained projectile fragments in or around the lower face, including two high density fragments projected over the lower mandible and a lower density fragment projected near the angle of the mandible on the left.

BLUNT INJURIES: Present on the right upper neck is a pattern of abrasion consisting of two slightly oblique injuries. The upper injury consists of a somewhat rectangular C-shaped abrasion 1 cm x 0.3 cm in overall dimensions. Located 1 cm below this is a 1.7 cm x 0.3 cm elongated triangular pink to red abrasion.

The left hand shows lacerations at the lateral MP joint of the index finger (0.7 cm long) and on the interphalangeal joint of the thumb (1.3 cm long). Both of these injuries show irregular margins without evidence of abrasion, and both show prominent tissue bridging within the injuries. The injuries extend to a depth of roughly $\frac{1}{8}$ inch into the underlying soft tissue. The left lower shin shows a very faint pink 1 cm circular faded contusion.

INTERNAL EVIDENCE OF INJURY

Starting at the entrance wound on the posterior right shoulder, a hemorrhagic wound track is found extending through the muscle of the upper shoulder, through the upper aspect of the right scapula and through the right neck muscle. The wound track passes lateral and anterior to the cervical spine at approximately C3-C4 level, without causing injury to the vertebrae. The wound track passes through the right external jugular vein, which is completely transected, resulting in hemorrhage into the adjacent right carotid sheath. There is no injury found to the internal jugular vein or right common carotid artery. The wound track extends through the upper airway, causing fracture of the superior cornu of the thyroid cartilage and fracturing the right greater cornu of the hyoid bone before passing through the base of the tongue and anterior floor of the mouth. The wound track passes through the left anterior ramus of the mandible, causing a comminuted fracture, with an associated secondary fracture just to the right of midline. There is fracture of the crown of the left lower first molar, with partial aspiration of the crown of the tooth which is found in the right lingual fossa. The wound track ends at the exit wound on the left lower face described externally.

The wound direction is from back to front, steeply from right to left, and upward at approximately 10 to 15 degree angle. Associated with the injury to the right external jugular vein, there is apparent venous air embolism; postmortem radiographs of the neck and chest show a visible air venogram superimposed over the area of the right internal and external jugular veins. There is also associated moderately severe aspiration of

blood, with extensive partially clotted blood found in the mainstem bronchi and peripheral airways of both lungs and moderate amounts of blood coating the trachea. Extensive blood aspiration is seen in the air spaces of the left lung and moderate amounts are seen in the right lung.

A minute gray-metal fragment, representing either fragmented projectile or fragmented dental filling, is recovered from the soft tissues at the base of the tongue along the wound track. No additional metallic fragments are recovered.

INTERNAL EXAMINATION

OPENING INCISION AND BODY CAVITIES: The standard Y-shaped thoracoabdominal incision reveals a subcutaneous fat thickness of 4.5 cm at mid abdomen. The pleural, pericardial, and peritoneal cavities are smooth and shiny and contain no excess fluid or blood accumulated. The internal organs are normally arranged.

NECK ORGANS: Internal injuries involving the neck structures are described above.

CARDIOVASCULAR SYSTEM: The heart weighs 380 grams. It is normally formed. The epicardial surface is smooth and shiny. There is a normal distribution of epicardial fat. No focal epicardial lesions are seen. The myocardium is firm red-brown and without focal softening, discoloration, or fibrosis. The chambers are not dilated, and the ventricular walls are normal in thickness. Blood within the cardiac chambers is slightly foamy. The endocardium and valves are grossly unremarkable. The coronary ostia are patent. The coronary arteries are normal in origin and distribution. The right coronary artery is dominant. There is minimal atherosclerosis of the major coronary arteries; air bubbles are visible within the coronary arteries and veins. No thrombi are seen grossly. The aorta is patent and follows a normal course. There is mild aortic atherosclerosis.

RESPIRATORY SYSTEM: The right lung weighs 280 grams; the left weighs 270 grams. The lungs are both well-expanded with pink-tan to mottled light purple pleural surfaces without anthracosis. The lung parenchyma shows moderate to severe blood aspiration as previously noted. No consolidation, abscess, infarct, or mass lesion is seen. The larynx, trachea, and bronchi are normally developed and contain moderate amounts of blood as previously described. No other aspirated foreign material is seen. The pulmonary arteries are normally developed and patent.

GASTROINTESTINAL SYSTEM: The esophagus is patent and normally formed. The mucosal surface is smooth, shiny, and pink-tan. The stomach is patent and normally formed. It contains 30 mL of thick dark red-brown bloody fluid. No particulate food or medication residue is identified. No ethanol odor is noted. The gastric mucosa is pink-tan and shows a typical rugal pattern. No focal mucosal lesions are seen. The duodenum, small intestine, appendix, and colon are grossly unremarkable.

PANCREAS: The pancreas is normal in size and configuration. Sectioning reveals firm tan lobulated parenchyma. No calcification, fibrosis, or mass lesion is seen.

HEPATOBIILIARY SYSTEM: The liver weighs 1550 grams. It is normally formed. The capsule is intact, thin, smooth, and shiny. The cut surface is firm, red-brown with a typical lobular pattern. No cysts or mass lesions are seen. The gallbladder is patent and normally formed. It contains 40 mL of thin amber bile. There are no calculi. The gallbladder mucosa shows is normal. The bile ducts are patent and of normal caliber.

GENITOURINARY SYSTEM: The right kidney weighs 120 grams; the left weighs 110 grams. The capsules strip with ease. The kidneys are similar in appearance. The

cortical surfaces are smooth, red-tan. Sectioning reveals a normal internal architectural pattern. Corticomedullary demarcation is distinct. No cysts or mass lesions are seen. The pelvis and ureters are patent and of normal caliber. The urinary bladder contains 120 mL of urine. The bladder mucosa is smooth, light pink-tan. The prostate and testes are grossly unremarkable.

LYMPHORETICULAR SYSTEM: The spleen weighs 190 grams. It is normally formed. The capsule is thin, smooth and shiny. The cut surface is firm, red-purple with a normal follicular pattern. There is no gross fibrosis or neoplasia. The thymus is atrophic. No gross lymphadenopathy is seen.

ENDOCRINE SYSTEM: The thyroid is symmetrical and normally formed. Sectioning reveals uniformly firm, red-brown, colloid parenchyma. The adrenals are grossly unremarkable. The pituitary is grossly unremarkable.

SKELETAL SYSTEM: Penetrating fracture of the right scapula is noted above no other skeletal fracture or deformity is seen.

HEAD: Reflection of the scalp reveals no evidence of subgaleal hemorrhage. The skull is intact and normal in thickness. The dura is smooth and shiny. There is no dural neomembrane or sinus thrombosis. No subdural hemorrhage is present. Removal of the dura from the inner surface of the skull reveals no underlying fracture.

The brain weighs 1390 grams. The meninges are thin and transparent. There is no subarachnoid hemorrhage or exudate. The cerebral blood vessels are unremarkable. The vessels at the base of the brain show no atherosclerosis. The arterial circle appears intact and normally formed. The cranial nerves are intact. The cerebral convexities of the brain are symmetrical with a well-developed gyral pattern. There is no evidence of subfalcine herniation. The base of the brain shows no evidence of uncal or tonsillar herniation. The brainstem and cerebellum show the usual external configuration. There is no localized external softening or contusion of the brain.

Multiple coronal sections of the cerebral hemispheres and transverse sections of the cerebellum and brainstem show the usual pattern of internal architecture without focal mass lesions or hemorrhages. The ventricular system is of normal configuration and contains clear, colorless cerebrospinal fluid.

TOXICOLOGY: Samples of peripheral blood are submitted. Samples of central blood, urine, gastric, bile, liver tissue and vitreous are retained. A rapid urine drug screen is positive for methamphetamine.

HISTOLOGY: Multiple sections of the major organs are retained as stock tissue.

PHOTOGRAPHS: Taken.

X-RAYS: Taken (multiple views). AP chest views show air venograms over the right internal and external jugular distributions, right subclavian vein and superior vena cava.

EVIDENCE RECOVERED: Oral and rectal swabs, fingernail scrapings, pubic hair, pubic combings, facial hair standards and blood for typing; projectile fragment from neck.

GDR/tn
D: 05-01-09
T: 05-04-09