



# City and County of Denver

OFFICE OF THE MEDICAL EXAMINER  
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## AUTOPSY REPORT

Name of Decedent: JESSICA HERNANDEZ ME#: 2015-0356  
Date and Time of Death: JANUARY 26, 2015, 0729 HOURS Age: 17 YEARS  
Date and Time of Autopsy: JANUARY 26, 2015, 1200 HOURS Sex: FEMALE

## ANATOMIC DIAGNOSES

- I. Gunshot Wound of the Torso, Superior
  - A. Entrance: Left side of the chest; no soot or gunpowder stippling on the surrounding skin
  - B. Wound Path: Skin, subcutaneous tissue, and muscle of the left side of the chest, left lung, heart, right lung, muscle and subcutaneous tissue of the right side of the chest
  - C. Recovered: Deformed, copper-jacketed bullet from the subcutaneous tissue of the right side of the chest
  - D. Associated Injuries: Bilateral hemothorax, hemopericardium
  - E. Trajectory: Left to right, back to front, and upward
  
- II. Gunshot Wound of the Torso, Inferior
  - A. Entrance: Left lower chest; no soot or gunpowder stippling on the surrounding skin
  - B. Wound Path: Skin, subcutaneous tissue, and muscle of the lower left chest, diaphragm with contused-abrasion of the liver; left lung; muscle, subcutaneous tissue, and skin of the anterior right chest
  - C. Exit: Anterior right chest; no bullet or bullet fragments recovered

- D. Associated injuries: Bilateral hemothorax
- E. Trajectory: Left to right, slightly back to front, and upward

III. Gunshot Wound of the Pelvis

- A. Entrance: The area of the anterior-superior iliac spine; no soot or gunpowder stippling on the surrounding skin
- B. Wound Path: Skin and subcutaneous tissue over the anterior-superior iliac spine, the left pelvic bone, subcutaneous tissue of the suprapubic area, subcutaneous tissue and skin of the right suprapubic area
- C. Exit: Suprapubic area, right of the anterior midline; no bullet or bullet fragments recovered
- D. Associated Injuries: Subcutaneous hemorrhage along the wound path, chip fracture of the anterior-superior iliac spine
- E. Trajectory: Left to right and downward

IV. Gunshot Wound of the Right Thigh

- A. Entrance: Anterior right thigh; no soot or gunpowder stippling on the surrounding skin
- B. Wound Path: Skin, subcutaneous tissue, and muscle of the anterior right thigh
- C. Recovered: Deformed, copper-jacketed bullet from the muscle of the anterior right thigh
- D. Associated Injuries: Hemorrhage along the wound path
- E. Trajectory: Left to right, front to back, and slightly downward

- V. Abrasions and contusions of the face, torso and extremities; contused-abrasions of the anterior neck

- VI. Toxicological testing is positive for cannabinoids and ethanol in peripheral blood; a urine drug screen is positive for cannabinoids.

TOXICOLOGY

REFERENCE LABORATORY: National Medical Services, Inc.  
Willow Grove, PA

Basic Expanded postmortem blood and urine panel results:

Compound	Result	Units	Matrix	Source
Ethanol	47		mg/dL	002 - Leg Blood
Blood Alcohol Concentration (BAC)	0.047		g/100 mL	002 - Leg Blood
Delta-9 THC	41		ng/mL	002 - Leg Blood
Delta-9 Carboxy THC	90		ng/mL	002 - Leg Blood
11-Hydroxy Delta-9 THC	6.3		ng/mL	002 - Leg Blood
Cannabinoids	Presump	Pos	ng/mL	004 - Urine

OPINION

This 17-year-old female, Jessica Hernandez, died as a result of multiple gunshot wounds that injured the heart and both lungs and resulted in bleeding into both pleural cavities and the pericardial sac. Two bullets were recovered and retained. There was no evidence of close range discharge of a firearm associated with any of the entrance wounds. The locations, trajectories and wound paths of the wounds involving the suprapubic area and the right thigh make it very likely that a single projectile resulted in both wound paths. The autopsy demonstrated no gross evidence of significant natural disease processes. Toxicological testing demonstrated the presence of cannabinoids and ethanol in peripheral blood. A urine drug screen was positive for cannabinoids. With the information available to me at this time, the manner of death, in my opinion, is homicide.

*J. L. Caruso, M.D.*  
2-27-2015

James L. Caruso, M.D.  
Chief Medical Examiner/Coroner

CIRCUMSTANCES OF DEATH: The decedent is a 17-year-old (DOB: 11/25/1997) female who was shot several times in an altercation with law enforcement. According to the investigative information available, the decedent was behind the wheel of an automobile that was reported stolen. There were other individuals in the vehicle and the decedent reportedly struck a law enforcement officer with the vehicle.

IDENTIFICATION: Fingerprints and digital photographs are obtained. Identification is confirmed via comparison of antemortem and postmortem fingerprints.

CIRCUMSTANCES OF POSTMORTEM EXAMINATION: A postmortem examination on the body of Jessica Hernandez is performed at the Denver Office of the Medical Examiner beginning at approximately 12:00 PM on January 26, 2015. Autopsy technicians Barbara Criter and Ryan White are assisting.

#### CLOTHING AND PERSONAL EFFECTS

The body is received unclad and without any accompanying clothing. A white hospital sheet is in the body bag with the body. No personal effects accompany the body.

#### EVIDENCE OF MEDICAL INTERVENTION

Medical intervention on the body at the time of autopsy includes endotracheal intubation, a 1 ¼-inch incision on the lateral right chest, a 15 ½-inch sutured thoracotomy incision across the chest at the level of the 5<sup>th</sup> ribs, a vascular access device in the right antecubital fossa, a blood pressure cuff around the distal left forearm, and an intraosseous catheter in the anterior left leg.

#### EXTERNAL EXAMINATION

The unembalmed body is that of an adolescent female with a weight of 113-pounds and a body length of 65-inches. Rigor mortis is barely perceptible in the muscles of the hands and feet. Livor mortis is posterior and blanches with pressure. The body temperature is warmer than ambient room temperature.

The scalp hair is black in color, averages 1 ½ to 2-inches in length, and is distributed normally. The eyes are without petechial

hemorrhages. The irides are brown and the corneae are clear. Each earlobe is pierced one time. The teeth are natural and in good condition. Injuries of the head or neck will be described.

The thorax is symmetrical and normally developed. The abdomen is scaphoid. The external genitalia are those of a normal, adolescent female, with pubic hair consisting of dark stubble. Injuries of the torso will be described.

Paper bags cover the hands and are removed for the examination. The upper extremities are normally developed and symmetrical with no clubbing or edema. A remote subungual hematoma is on the right thumb. The lower extremities are normally developed and symmetrical with no edema. Injuries of the extremities will be described. There is a medical examiner's office identification band on the right ankle. A hospital identification band is on the right wrist.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

A tattoo is present on the posterior right forearm. There is a 2 ¼-inch curvilinear scar on the anterior right wrist and distal forearm. A ¼ x ½-inch scar is on the right knee.

#### EVIDENCE OF TRAUMA

Note: Medical Intervention has altered the appearance of the wound paths and also the amount of blood present in the pleural cavities and pericardial sac.

#### Gunshot Wound of the Torso, Superior

There is an entrance gunshot wound of the torso situated 19-inches below the top of the head and 8 ¼-inches left of the anterior midline. The 5/16 x 5/16-inch skin defect has an eccentric marginal abrasion that is up to 3/16-inch wide between 4 and 8 o'clock. There is no soot deposition or gunpowder stippling on the skin surrounding the wound. The wound path goes through the skin, subcutaneous tissue, and muscle of the left chest wall, enters the left pleural cavity below the left 6<sup>th</sup> rib, creates a defect in the lingula of the left lung, perforates the pericardium, perforates the heart via the free wall of the left ventricle and the right atrium, perforates the pericardium, perforates the middle lobe of the right lung, and exits the right pleural cavity through the space below the right 3<sup>rd</sup> rib. The wound path then

continues through muscle and subcutaneous tissue to a point situated 17 ½-inches below the top of the head and 6 ¼-inches right of the anterior midline. A slightly deformed, copper-jacketed bullet is recovered from the subcutaneous tissue. There is a ½ x ¼-inch superficial disruption of the skin overlying the bullet and a 2 ¼ x 1 ¾-inch area of subcutaneous hemorrhage surrounds the skin defect. The wound path is associated with 950-milliliters of blood and blood clot in the right pleural cavity, 360-milliliters of blood and blood clot in the left pleural cavity, and 75-milliliters of blood and blood clot in the pericardial sac. The trajectory of the wound path is left to right, back to front, and upward.

#### Gunshot Wound of the Torso, Inferior

There is an entrance gunshot wound of the torso situated 21 ¾-inches below the top of the head and 4-inches left of the anterior midline. The ½ x 7/16-inch skin defect has an eccentric marginal abrasion that is up to ¼-inch wide between 12 and 6 o'clock. There is no soot deposition or gunpowder stippling on the skin surrounding the wound. The wound path goes through the skin, subcutaneous tissue, and muscle of the lower left chest and upper abdomen, enters the left pleural cavity at the level of the left hemidiaphragm creating a 1 ¼ x 1-inch contusion of the anterior-superior left lobe of the liver, perforates the lower lobe of the left lung, and exits below the right 5<sup>th</sup> rib just right of the anterior midline. The wound path continues through the muscle, subcutaneous tissue and skin of the right chest with an associated exit wound situated 18 7/8-inches below the top of the head and 3 ½-inches right of the anterior midline. The skin defect is a ½-inch wide irregular tear with an up to ½-inch eccentric marginal abrasion between 6 and 12 o'clock. No bullet or bullet fragments are recovered along the wound path. The wound path is associated with 950-milliliters of blood and blood clot in the right pleural cavity and 360-milliliters of blood and blood clot in the left pleural cavity. The trajectory of the wound path is left to right, slightly back to front, and upward.

#### Gunshot Wound of the Pelvis

There is an atypical entrance gunshot wound of the pelvis, situated 29 ¾-inches below the top of the head and 4 ¼-inches left of the anterior midline. The skin defect is 3/8 x 5/16-inch with an up to 3/8-inch, irregular and markedly eccentric, marginal abrasion between 12 and 6 o'clock. There is no soot deposition or gunpowder stippling on the skin surrounding the wound. The wound path goes through the skin and subcutaneous tissue of the anterior left hip, grazing the left pelvic bone and continuing through the subcutaneous tissue and skin of the suprapubic area just right of the anterior midline. The

corresponding exit wound is a 7/16-inch irregular tear situated 31 ¼-inches below the top of the head and ¼-inch right of the anterior midline. No bullet or bullet fragments are recovered along the wound path. The wound path is associated with irregular areas of subcutaneous hemorrhage overlying the path. The trajectory of the wound path is left to right and downward, with minimal deviation in the anterior-posterior axis.

#### Gunshot Wound of the Right Thigh

There is an atypical entrance gunshot wound on the anterior right thigh, situated 28 ½-inches above the bottom of the right foot and 3 ½-inches medial to the anterior midline of the right lower extremity. The skin defect consists of a 15/16-inch slit that is oriented in the 10 to 4 o'clock direction. There is no soot deposition or gunpowder stippling on the skin surrounding the wound. A ¼-inch superficial laceration is superior to the wound. The wound path goes through the skin, subcutaneous tissue and muscle of the anterior right thigh. A deformed, copper-jacketed bullet is recovered from the muscle of the anterior right thigh. There is hemorrhage along the wound path. The trajectory of the wound path is left to right, front to back, and slightly downward.

#### Abrasion of the Distal Anterior Right Thigh

There is a ¼ x 3/8-inch irregular abrasion situated 21 ¼-inches above the bottom of the right foot and ½-inch medial to the anterior midline of the right lower extremity. A 3/16 x 1/8-inch abrasion is lateral to the larger abrasion.

#### Other Injuries

There is a ¼ x 3/16-inch abrasion on the bridge of the nose. A 1/8-inch superficial abrasion is on the anterior-medial right arm with surrounding subcutaneous hemorrhage. Proximal to that is a faint area of irregular ecchymosis. Three areas of ecchymosis are on the anterior neck, ½ x ¼-inch and ¼ x ½-inch on the right and 1 ½ x ¾-inch on the left. A detailed anterior neck dissection shows these hemorrhages to be confined to the skin. There are two superficial linear abrasions on the right upper chest that appear postmortem, 1 ¼-inches and ¾-inch. A ¼-inch superficial linear abrasion is on the right breast. A ¼-inch superficial linear abrasion is on the left knee.

**INTERNAL EXAMINATION**GENERAL DESCRIPTION:

The body is opened by a standard Y-shaped thoracoabdominal incision, modified by the medical intervention in place. All viscera occupy their appropriate anatomic relationships. Serous surfaces are smooth and glistening. Blood in both pleural cavities and the pericardial sac has been described previously. There is minimal blood staining but no significant free fluid accumulation in the peritoneal cavity.

CARDIOVASCULAR SYSTEM:

The 230-gram heart occupies its usual mediastinal site. Injuries of the heart have been described previously. The external configuration is otherwise unremarkable. The epicardial surfaces are smooth. All major vessels arise in their appropriate anatomic relationships. The coronary arteries arise normally and are distributed in a right dominant pattern with no significant atherosclerotic narrowing. The myocardium is red-brown and firm. There are no areas of gross scarring. Ventricular thicknesses are left 1.2-cm, right 0.4-cm, and 1.3-cm in the interventricular septum. The cardiac valves have thin, pliable leaflets. The valve circumferences are appropriate to the caliber of the cardiac chambers. The valve cusps and surfaces are free of fusion or vegetations. The aorta is of normal caliber with all major arterial branches arising in their appropriate anatomic relationship. The intimal surfaces of the aorta are without aneurysm formation or dissection. No atherosclerotic changes are noted. No systemic venous abnormalities are present.

RESPIRATORY SYSTEM:

The lung weights are 210-grams on the right and 180-grams on the left. The upper and lower airways are patent and of normal caliber. The pleural surfaces are smooth and remarkable for the previously described injuries. The parenchyma is minimally crepitant, dark tan to red-purple, and exudes a small amount of blood and fluid. There are no areas of induration, consolidation, or gross scarring. The pulmonary vessels are patent and of normal caliber.

DIGESTIVE/HEPATOBIILIARY SYSTEM:

The oropharynx is grossly normal and unobstructed. The tongue is unremarkable. The esophagus is of normal caliber with a smooth



mucosal lining. The gastroesophageal junction is well defined. The stomach has intact mucosal surfaces and the lumen contains approximately 30-mL of tan fluid. No pills or pill fragments are identified. No areas of ulceration, erosion, hemorrhage or scarring are present. The small and large intestines are unremarkable. The appendix is present. The lobular, tan pancreas is unremarkable. There are no areas of necrosis, gross hemorrhage or space-occupying lesions. The pancreatic ducts are patent and of normal caliber. The 1020-gram liver has a smooth capsule covering dark-brown parenchyma, with the one previously described area of injury. No localizing masses or other evidence of significant natural disease processes are evident on sectioning. The intrahepatic and extrahepatic ducts are patent and of normal caliber. The gallbladder contains approximately 10-mL of dark green, viscid bile and no stones.

#### GENITOURINARY SYSTEM:

The kidneys weigh 110-grams on the right and 120-grams on the left. The capsules strip with ease and the cortical surfaces are remarkable for marked pallor. The cortices are delineated from the medullary pyramids. The calyces, pelves and ureters are unremarkable. The renal vessels are patent and of normal caliber. The urinary bladder contains approximately 220-mL of urine. The mucosal surfaces are smooth. The non-gravid uterus weighs 110-grams and is unremarkable on sectioning. The ovaries and fallopian tubes are grossly unremarkable.

#### HEMATOPOIETIC SYSTEM:

The 90-gram spleen occupies its usual anatomic site with an intact, smooth capsule. The parenchyma is essentially unremarkable. No gross abnormalities are noted. Regional lymph nodes have their usual distribution and appearance.

#### ENDOCRINE SYSTEM:

The pituitary and adrenal glands are grossly unremarkable. The thyroid gland is unremarkable grossly and cut sectioning reveals no lesions.

#### NECK:

The cervical spine is structurally intact. The hyoid bone and thyroid cartilage are intact. A detailed anterior neck dissection

reveals no hemorrhages in the strap muscles or soft tissues of the neck. The upper airway is patent.

#### MUSCULOSKELETAL SYSTEM:

Major muscle groups demonstrate no atrophic changes and are essentially symmetrical in development. The exposed axial and appendicular skeleton is free of abnormalities.

#### NERVOUS SYSTEM:

The scalp is reflected in the usual manner revealing no hemorrhages. The skull is intact and there are no fractures. The 1390-gram brain is covered by thin, clear, delicate leptomeninges. The dura mater and falx cerebri are intact. There is good preservation of cerebral symmetry, without flattening of gyri or widening of sulci. Convolutional patterns remain intact. External landmarks are readily identified. There is no evidence of herniation or either diffuse or localized swelling. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. Atherosclerotic changes are not demonstrated. Multiple coronal sections of cerebrum, cerebellum, and brainstem reveal no localized hemorrhages, masses or lesions. The ventricular system is symmetrical, non-dilated and filled with clear fluid.

#### MICROSCOPIC DESCRIPTION

Representative sections of major organs are retained in formalin without preparation of glass slides.

#### ADDITIONAL PROCEDURES

- Radiographic and photographic images, fingerprints, and a DNA card are obtained at the time of the autopsy.
- Law enforcement and crime lab personnel are present for the initial portion of the examination.
- Additional evidence obtained during the autopsy includes two bullets, pulled head hair, fingernail clippings from both hands, and pulled and combed pubic hair.
- The decedent's clothing is examined with law enforcement personnel and has defects that correspond to the injuries that have been described.

**SPECIMENS**

TOXICOLOGY: Samples of peripheral blood, cavity blood, and urine are submitted to the toxicology laboratory for analysis. Samples of cavity blood, urine, and vitreous fluid are collected and retained.

FROZEN TISSUE: Samples of brain, heart, liver, and kidney are frozen and retained.

STOCK: Samples of organs are collected and retained in formalin.

-END OF REPORT-