

FRANKLIN COUNTY OHIO

Office Of
Bradley J. Lewis, M.D.
520 King Avenue
Columbus, OH 43201
Ph 614-462-5290 Fax 614-462-6002
Coroner

Coroner's Report: Finding of Facts and Verdict

In Compliance with the Ohio Revised Code, Chapter 313, the Coroner's Report and Findings of Fact and Verdict are supplied. This is not a certified copy of a death certificate. This is for the Coroner's use only. To obtain a certified copy of a death certificate, contact the County Board of Health, Bureau of Vital Statistics, 240 Parsons Avenue, Columbus OH 43215, Phone (614) 645-7331, Fax (614) 645-0730.

Case No: **04-3819**

DECEASED'S IDENTIFICATION

Last Name First Middle Abbott, Darrell Lance			Date of Death 12-08-2004		Time of Death 22:38	
Call Taken By		Person Reporting Death Det. W.L. Gillette #1616		Title	Pronounced By/Competent Observer Columbus Fire #6	
Facility or Address of Death 5055 Sinclair Road, Columbus, OH				Phone at Scene		Place of Death Business
Decedent's Address (Number and Street) 3411 Sunset Lane					County of Death Franklin	
City Dalworthington Gardens		County of Residence Terrant		State TX	Zip Code 76016	
Race Caucasian	Sex Male	Age 38	Date of Birth 08-20-1966		Social Security Number 451-57-9874	

CAUSE AND MANNER OF DEATH

Immediate Cause Multiple gunshot wounds to the head.		Time Interval Minutes
As Consequence Of:		Time Interval
As Consequence Of:		Time Interval
As Consequence Of:		Time Interval
Other Significant Conditions		Autopsy? Yes
Manner of Death Homicide	Name, Title and License Number of Person Who Completed Cause of Death Collie Trant, M.D., 35 084471	
Address of Certifier 520 King Avenue, Columbus, OH 43201		

Decedent Abbott, Darrell Lance	Case Number 04-3819	Page 2
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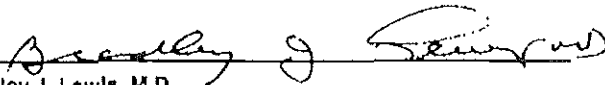
PATHOLOGY

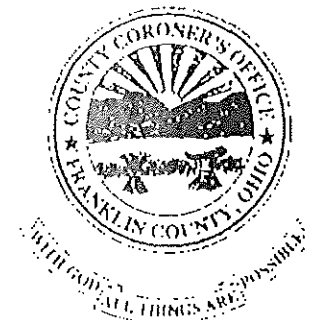
Date Body Viewed 12-09-2004	Time Body Viewed 10:40	Tattoos/Scars	Teeth Natural	Eye Green	
Body Heat Cool	LIVOR Posterior		RIGOR Fully Fixed		
Pathologist's Notes See Autopsy Report.		Hair Color Brown	Height 74	Weight 220	Body Appearance

INVESTIGATION

Investigating Agency Columbus Homicide	Phone (614) 645-4730	Date of Injury 12-08-2004	Time of Injury 0:00
Injury Location (Address, City, State, Zip) 5055 Sinclair Road, Columbus, OH			Injury at Work? No
How Injury Occurred Victim allegedly shot by another person.			Place of Injury Business
Next of Kin Vince Abbott	Phone (817) 792-3030	Relationship Father	
Next of Kin Address 1209 Hickory Valley Court, Arlington, TX 76006			
Funeral Home Moore Funeral Home	Phone (817) 275-2711	Funeral Home Representative Mark Robinson	
Funeral Home Address			

In Witness Whereof, I have hereunto set by
hand and affixed my seal at Columbus, Ohio
This 15th day of 02/15/2005


Bradley J. Lewis, M.D.
Coroner



FRANKLIN COUNTY CORONER'S OFFICE
BRADLEY J. LEWIS, M.D.
Columbus, Ohio

Autopsy: 04-3819
Name: Darrell Lance Abbott, male, age 38 years
Date of Death: 08 Dec 04 2238
Date of Autopsy: 09 Dec 04 1040
Autopsy performed by: Collic M. Trant, M.D., Forensic Pathologist
Franklin County, Columbus, Ohio
Autopsy performed for: Bradley J. Lewis, M.D., Coroner
Franklin County, Columbus, Ohio

FINDINGS:

- I. Gunshot wound to the right cheek
 - A. Entrance: 6 inches from the top of the head, 3 ¼ inches from the front of the head, irregular, 1 x ½ total, contusion and soot at 4:00, no visible abrasion ring, no visible defect (diagram #3)
 - B. Damage: Skin, muscle, galea, right ear (front of right ear, irregular, stellate laceration, 2 x 1 inches greatest dimension, no soot, no stippling, no abrasion ring, diagram #2), posterior scalp.
 - C. Direction: Front to back, upward 25 degrees, left to right 5 degrees.
 - D. Exit: Behind right ear, 5 ½ inches from the top of the head, 1 inch behind the superior attachment of the right ear, irregular "L" shaped ¼ x ½ inch slit-like laceration with circular ½ inch defect at the angle of the "L", no soot, no stippling (diagram #1)
 - E. Missile: Thin, jagged, deformed jacket fragment from an apparently partially jacketed projectile, 1.5 x 0.8 cm greatest dimension. Flattened, deformed lead fragment 0.2 x 0.8 x 1.1 cm greatest dimension.
- II. Gunshot wound to the back of the head
 - A. Entrance: Right posterior scalp, 3 inches from the top of the head, 3 inches to the right of posterior midline, 4 x 1 ½ inches total, jagged, irregular margins with skin tags pointing to the right end where there is a circular ½ inch defect with soot on the margins and in the underlying tissues, and an abrasion ring that measures from 1/8 to 1/16 inch, no stippling (diagram #4)
 - B. Damage: Scalp, muscle, galea, right occipital bone, right superior/lateral occipital parietal lobe junction.

- C. Direction: Right to left, upward 30 degrees, front to back 5 degrees.
 - D. Missile: Not present.
- III. Gunshot wound to the left ear
- A. Entrance: Front edge of left ear, 5 inches from the top of the head, 4 ¼ inches from the front of the head, 7/8 x ¼ inch irregular, stellate laceration, soot on margins, defect not visible (diagram #5)
 - B. Damage: Ear, skin, skull, left temporal lobe, scalp.
 - C. Direction: Front to back, left to right 5 degrees, upward 10 degrees.
 - D. Exit: Left posterior scalp, 5 inches from the top of the head, 1 7/8 inches to the left of posterior midline, 7 ¼ inches from the front of the head, slit-like, ½ x ¼ inch total, no visible defect, no soot, no abrasion ring, no stippling (diagram #7)
 - E. Missile: Not present.
- IV. Gunshot wound to the right hand
- A. Entrance: Dorsum of lateral right hand, 31 ½ inches from the top of the head, 1 x 5/8 inch, "C" shaped, soot focally on superior margins, no stippling, no visible defect (diagram #8)
 - B. Damage: Skin, muscle, subcutaneous vessels.
 - C. Direction: Superior to inferior, neither left nor right, and neither front nor back.
 - D. Exit: 4th finger, right hand, dorsal proximal surface, 35 inches from the top of the head, stellate laceration, ¾ x ¼ inch total, no visible defect, no soot, no abrasion ring (diagram #9)
 - E. Missile: Not present.

CAUSE OF DEATH:

Multiple gunshot wounds to the head

EXTERNAL EXAMINATION: The nude body is that of a well developed, well nourished Caucasian man that weighs 220 pounds, is 74 inches in length, and appears to be compatible with the stated age of 38 years. The body is cool, well preserved, and embalming has not been performed. Rigor mortis is fully fixed in the extremities and jaw. Diffuse, blanching, purple livor mortis extends over the posterior surface of the body except in the areas exposed to pressure.

The scalp hair is black, curly, and measures up to 22 inches in length. There are palpable skull defects underlying gunshot wounds to the left temple and posterior right occiput, with an otherwise freely moveable scalp. The irides are gray; the corneas are clear. The pupils are round, measure 4 mm, and are bilaterally equal. The sclerae and conjunctivae are without congestion, hemorrhage or petechiae. Except for blood in the right ear, the nose, mouth and ears are free of blood, foreign material, or abnormal discharge. The nasal skeleton is palpably intact. A gunshot wound is also present in the right cheek. The lips and gums are unremarkable. The teeth are natural and in good condition. There is a full mustache and beard that are curly, and measure up to 8 inches in length. The neck is supple, without masses, and the larynx is in the midline.

The thorax is well developed and symmetrical. The abdomen is soft, with no palpable masses or organomegaly. The external genitalia are those of a normal adult man. The penis appears to be circumcised and the testes bilaterally descended. The anus and back are unremarkable. The upper and lower extremities are symmetrical with normal muscular development.

SCARS AND IDENTIFYING MARKS: There are numerous, multicolor tattoos on the upper and lower extremities, and the upper chest.

EVIDENCE OF MEDICAL THERAPY: A plastic airway is present in the midmouth.

EVIDENCE OF INJURY: See findings and descriptions.

INTERNAL EXAMINATION: The body cavities are opened utilizing the thoraco-abdominal and posterior scalp incisions, and the organs are exposed in the usual manner. The pleural and peritoneal surfaces are smooth and glistening. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in their normal anatomical positions. The leaves of the diaphragm are intact. There is no internal evidence of injury within the thoracic or abdominal cavities. No hernias are identified.

CARDIOVASCULAR: The heart weighs 370 g (normal male 270-360, female 200-280). The pericardium is smooth, glistening and intact. The epicardial surface is smooth, glistening and is focally covered by a moderate amount of adipose tissue. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, and are widely patent, without significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual shape, configuration, and size-position relationships with no hypertrophy. The atrial and ventricular septa are intact. The left and right ventricular free walls are 1.3 cm (normal 1.00-1.50 for ages 20-60, 1.05-1.25 for age >60) and 0.2 cm (normal 0.25-0.50 for ages 20-60, 0.35-0.40 for age >60), respectively. Cut surfaces of the myocardium are red-brown and firm, without focal gray discoloration or other abnormalities. The aorta and its major branches arise normally, follow the usual courses, and are widely patent, without significant atherosclerosis. The origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are in the usual position and are free of thrombi.

PULMONARY: The right and left lungs weigh 300 g (normal 360-570) and 320 g (normal 325-480), respectively. The larynx, trachea, and bronchi are free of debris, foreign material, or abnormal secretion. Their mucosa is pink-tan and smooth, without abnormalities. The visceral pleural surfaces are unremarkable. Cut surfaces of the lungs show a crepitant, deep red to pink parenchyma, with mild congestion and edema. They exude slight amounts of red-tinged fluid and are without evidence of natural disease or injury. There is no evidence of consolidation or enlargement of air spaces. The pulmonary vessels occupy the usual relationships without evidence of emboli. The hilar lymph nodes are unremarkable. There are varying degrees of mild anthracotic pigmentation.

HEPATOBIILIARY: The liver weighs 1660 g (normal 1500-1800). The hepatic capsule is smooth, glistening and intact, covering a tan, lobular parenchyma with normal architecture and no focal lesions noted. The gallbladder mucosa is velvety and unremarkable. Approximately 10 ml of dark, brown/green, watery bile is collected for toxicology.

ENDOCRINE: The pituitary, thyroid and adrenal glands are unremarkable. The pancreas has the usual pink-tan, lobulated appearance.

GASTROINTESTINAL TRACT: The pharynx and esophagus are lined by a gray-white, smooth mucosa. The stomach lies in the normal position. The gastric mucosa is intact, and arranged in the usual rugal folds. The gastric contents are beige, opaque, paste-like, and total approximately 700 ml, with food fragments. The small and large intestines are unremarkable. The appendix is present.

GENITOURINARY: The right and left kidneys weigh 150 g (normal male 230-440 together, female 240-350) and 170 g, respectively. The renal capsules are smooth, thin and semitransparent, and strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The cortices are sharply delineated from the medullary pyramids which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The urinary bladder mucosa is gray-tan and folded. The internal genitalia are unremarkable.

HEMATOPOIETIC: The spleen weighs 180 g (normal 150-200, age 80 and over 60-135), and has a smooth, intact capsule covering a deep red-purple, moderately firm parenchyma. The lymphoid follicles are unremarkable. The regional lymph nodes show no notable pathological change. The exposed bone marrow is red-purple and homogeneous, without focal abnormalities.

MUSCULOSKELETAL: Except for the gunshot wounds, the bony framework, supporting musculature, and soft tissues are not unusual.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone, larynx, and other cartilaginous and bony structures are intact with the usual anatomical relationships preserved. The tongue has no contusions or bite marks.

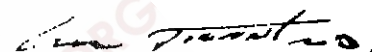
NERVOUS SYSTEM: Reflection of the scalp shows the usual scattered reflection petechiae. There are defects in the calvarium underlying the graze wound on the right occiput, and the wound behind the left ear. There are scalp, galeal, and muscle contusions associated with all three gunshot wounds described above. The calvarium is removed, and the dura is examined with no subdural tumor noted. There is blood between all meningeal layers, which are otherwise smooth, glistening, and free of inflammation. The brain is removed in the usual manner. It weighs 1470 g (normal male 1100-1700, 1050-1550 female) in the unfixed state. Removal of the dura from the base of the skull shows the usual anatomical features with internally beveled, longitudinal defects in the inferior lateral surface of the left posterior fossa (1 ½ x 5/8 inches greatest dimension), and the superior surface of the right occipital bone (dumbbell shaped, 1 ¼ x ¼ inches greatest dimension). These underlie wounds #'s 5 and 4 respectively. A corresponding laceration of the lateral aspect of the left temporal lobe underlies the bone defect. A large, deep laceration is present on the superior/lateral aspect at the junction of the right parietal and occipital lobes, with numerous embedded fragments of bone. The pituitary fossa is unremarkable. The foramen magnum demonstrates the normal orientation and the first portion of the spinal cord viewed through the foramen magnum is unremarkable.

Examination of the base of the brain reveals the cerebral vessels to be of normal distribution and dimension. Vessels of the circle of Willis exhibit no significant atherosclerosis or vascular anomalies. The uncinate gyri and cerebellar tonsils fail to demonstrate herniation or pressure phenomenon. The right cerebellar hemisphere is focally pulpified with contiguous contusions and subarachnoid hemorrhage.

The cerebral convexities are examined. The gyri demonstrate the usual orientation and configuration. There are no external abnormalities, edema, atrophy, or focal lesions. The corpus callosum is intact and in the midline. There is no cingulate gyrus herniation.

Sections through the cerebral hemispheres at approximate intervals of 1.5 cm reveal extensive damage in the form of lacerations, contusions and hemorrhage underlying the occipital graze wound, with numerous fragments of bone that have penetrated the parenchyma as secondary projectiles. Otherwise, there are normal relations of gray and white matter. The cortical ribbon displays no abnormality. The basal ganglia, internal capsule and thalamus are unremarkable. The ventricular system is of normal distribution and dimension. It is lined with a smooth, glistening ependyma. The choroid plexus displays no abnormality. The corpus callosum is of normal thickness.

Other than contusions of the right brainstem, the usual anatomical landmarks of the cerebellum, midbrain, pons, and medulla demonstrate no external abnormalities, edema, atrophy, or focal lesions. Serial sections through the brain stem and cerebellum demonstrate no abnormalities. The midbrain demonstrates normal pigmentation of the substantia nigra.



Collie M. Trant, M.D.
Forensic Pathologist
Deputy Coroner

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FORENSIC TOXICOLOGY DIVISION



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Columbus, OH 43201
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EXAMINATION REPORT

NAME: Abbott, Darrell Lance 04-3819

DATE COMPLETED: December 23, 2004

An Abused Drug Analysis Has Been Performed.

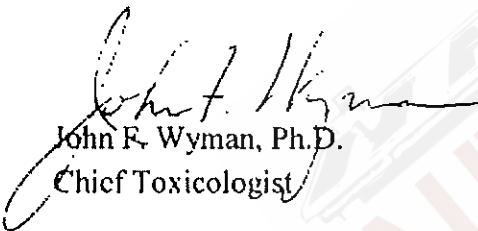
The Following Agents Were Detected:

BLOOD:

Ethanol	Not Detected *
Alprazolam	0.01 µg/ml *

No Other Agents Were Detected.

NOTE: * Testing Performed on Femoral Blood


John F. Wyman, Ph.D.
Chief Toxicologist

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