



INVESTIGATION REPORT

Office of Medical Examiner & Trauma Services, Broward County,
5301 SW 31 Avenue, Fort Lauderdale, FL 33312

ME CASE NUMBER: BME2018-1808 PATHOLOGIST: Iouri Boiko, M.D. INVESTIGATOR: Kaylin Nelson

DECEDENT NAME: Jahseh Onfroy IDENTIFIED BY: Police IDENTIFIED MEANS:
 DATE OF BIRTH: 01/23/1998 AGE 20 RACE Black SEX Male OCCUPATION:
 HOME ADDRESS: 8225 Watercrest Cir. W
 Parkland, FL 33076

REPORTED BY: Police DATE REPORTED: 06/18/2018 TIME REPORTED: 17:40
 AGENCY: BSO REPORTEE: Det. Curtis
 CASE/MR #: 10-1806-003046 PHONE:

REPORTED BY: Hospital
 AGENCY: Broward Health North REPORTEE:
 CASE/MR #: PHONE:

PLACE OF INJURY: Vehicle DATE OF INJURY: 06/18/2018 TIME OF INJURY: Unknown
 INJURY ADDRESS: 3671 N Dixie Hwy INJURY AT WORK: No
 Deerfield Beach, FL 33064

TRANSPORTATION INJURY: No

LAST KNOWN ALIVE: TIME: Unknown FOUND: No

PLACE OF DEATH: Emergency DATE OF DEATH: 06/18/2018 TIME OF DEATH: 16:51
 Room/Outpatient

DEATH ADDRESS: Broward Health North
 or FACILITY: Deerfield Beach, FL

SCENE RESPONSE Yes NAME:
 TIME: DISPATCHED: 06/18/18 17:40 ARRIVAL: 06/18/18 17:40
 DEPARTURE: 06/18/18 17:56 ARRIVAL @ ME: 06/18/18 18:35
 No NAME:
 TIME: DISPATCHED: ARRIVAL:
 DEPARTURE: ARRIVAL @ ME:

PRIMARY CARE PHYSICIAN: PHYSICIAN PHONE#: WILLING TO SIGN: No
 TRANSPORTED BY: RTS of Broward DATE: 06/18/2018 TIME: 18:46

INVESTIGATOR NARRATIVE:

Homicide/Famous local rapper/GSW



Autopsyfiles.org - Jahseh Onfroy (XXXtentacion) Autopsy Report
INVESTIGATION REPORT

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ME CASE NUMBER: BME2018-1808 **PATHOLOGIST:** Iouri Boiko, M.D. **INVESTIGATOR:** Kaylin Nelson

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HOME ADDRESS: 8225 Watercrest Cir. W
Parkland, FL 33076

On June 18, 2018 at 1740 hours, I was at Broward Health North working a case, with Investigator Steinkamp, when I was notified that there was a homicide victim in the next room over. I was instructed by Investigator Steinkamp, who was also at the hospital with me working a case, to stay at the hospital and do a full scene investigation, including photographs of the decedent. The decedent was in trauma room 40. I arrived at 1740 hours and Det. Jeff Curtis and CSI Marshall Wolcott of BSO were already in the room when I got there. I took 45 photographs with my Nikon D3400 digital camera.

The decedent was lying face-up on the hospital table. His arms were by his sides and his legs were lying flat. He was not wearing any clothing, and all medical intervention was still in place. The decedent had two large braids in his hair, which were dyed blue. I took overall photographs of the decedent's body. I observed numerous tattoos on the decedent's body, including the face. The decedent's left chest, from below the nipple to under the armpit, was cut open, exposing the tissue and organs. I was told by Det. Curtis that that was from medical intervention and was not a result of the incident. I observed one obvious circular defect near the decedent's left neck. There was a lot of blood on the decedent's body, which made it difficult to find defects. I did not observe any petechial hemorrhaging in the eyes, and there was no sign of trauma to the decedent's mouth. Det. Curtis rolled the decedent onto his right side, so I could examine his back. I did not see any defects on the decedent's back. There was a bag containing the decedent's clothing. In the bag, there was a pair of white Nike Air Force sneakers, maroon Nike shorts, high white socks with 'Obey' written at the top, grey Hanes underwear, a yellow metal chain with white stones in it, and a single white metal dangling earring with white stones in it. The maroon shorts and grey underwear appeared to have been cut. In the same bag containing the decedent's clothing, there was a turquoise cup containing a spent projectile with blood on it. I photographed all items of clothing, jewelry, and evidence. I placed the items in different evidence bags under the direction of CSI Wolcott. These items were collected by BSO. I concluded my scene investigation at 1756 hours. I dispatched Removal Transport Services of Broward at 1846 hours to transport the decedent to the Medical Examiner's Office for further examination. NOK: Cleopatra Bernard(mother): phone number unknown

Medical History:

THE ABOVE INFORMATION IS PRELIMINARY AND SUBJECT TO CHANGE WITH FURTHER INVESTIGATION

Broward County Medical Examiner
5301 SW 31st Avenue
Fort Lauderdale, FL 33312

NAME:	Onfroy, Jahseh	AUTOPSY NO.:	18-1808
SEX:	Male	DATE OF AUTOPSY:	June 19, 2018
RACE:	Black	TIME OF AUTOPSY:	1200 hours
AGE:	20	EXAMINER:	Iouri G. Boiko, MD
DOB:	01/23/1998		Associate Medical Examiner

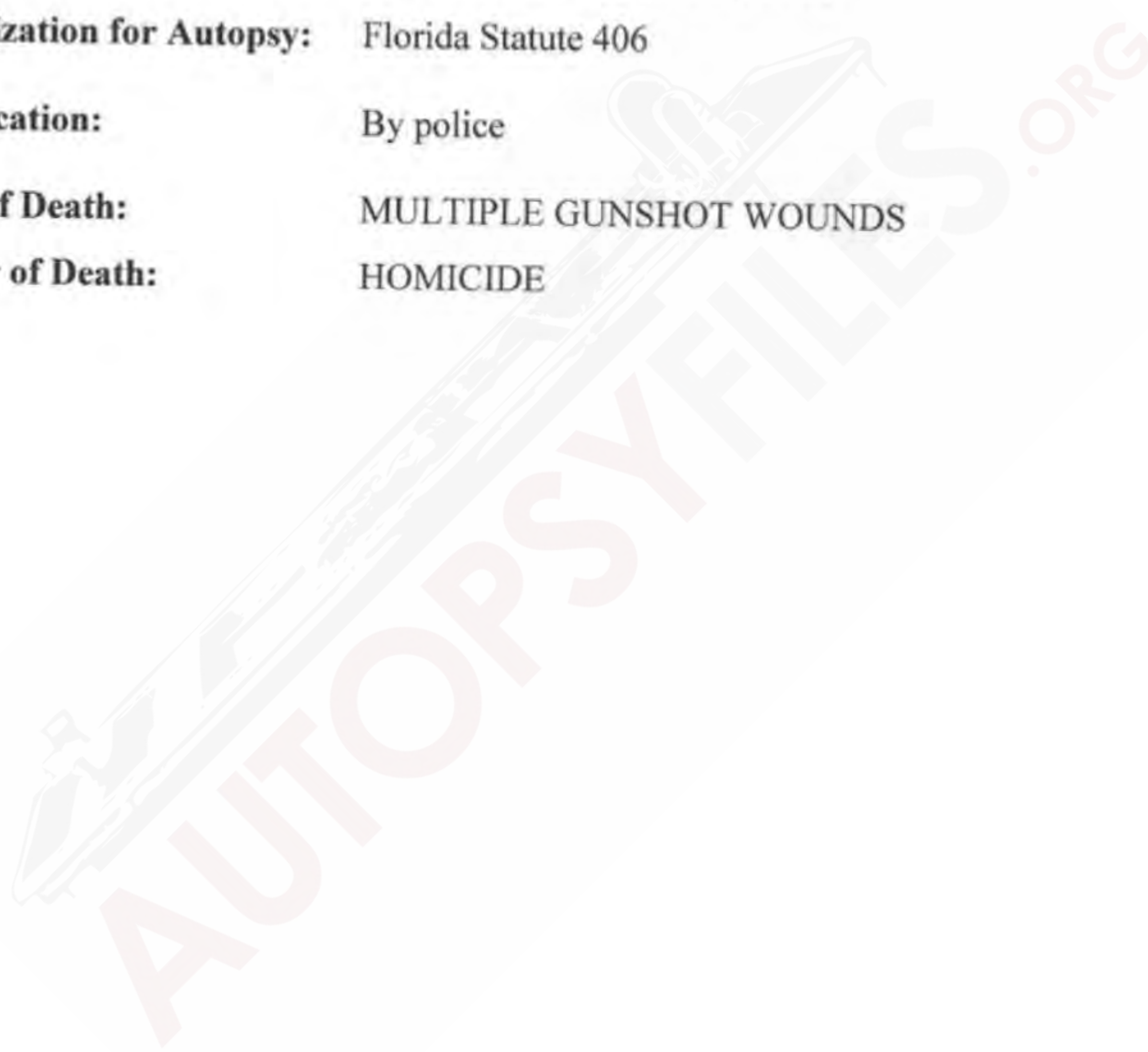
Circumstances of Death: The decedent was shot by other

Authorization for Autopsy: Florida Statute 406

Identification: By police

Cause of Death: MULTIPLE GUNSHOT WOUNDS

Manner of Death: HOMICIDE



Onfroy, Jahseh

June 19, 2018

1200 hours

18-1808

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, black male. An appropriate tag is on the human remains pouch and subsequently placed on the decedent's left great toe. The body bag is sealed with a red plastic evidence tag numbered 067697. The body is 126 pounds, is 68 inches in length, and appears compatible with the reported age of 20 years.

The body is cold. Rigor mortis is present to an equal degree in all extremities. Fixed, purple lividity is distributed on the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is black with blue dye braids and 16 centimeters in length. The irides are brown, the corneae are clear, the sclerae are white, and the conjunctivae are tan and free of petechiae. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are atraumatic. The teeth are in fair condition. Multiple gunshot wounds are identified on the body to be described below.

The chest is symmetrical. The abdomen is symmetrical. The extremities show no gross bony deformities. The fingernails and toenails are intact. Needle tracks are not observed. Multiple tattoos are on the body.

The external genitalia are those of a normal adult male. The posterior torso is essentially without note. The anus is atraumatic.

CLOTHING & PERSONAL EFFECTS

The decedent is received unclothed.

EVIDENCE OF INJURY

All injuries are described with the body in the anatomic position and do not necessarily reflect the position of the body at the time they occurred. Gunshot wounds designated by a capital letter in parentheses reflect the lettering of the wounds for photographic purposes. Lettering of gunshot wounds in the diagnosis of the report, not in parentheses, may not necessarily correspond to the lettering in the photographs. The sequence of the wounds as described in the report does not imply severity or order in which the wounds were inflicted.

MULTIPLE GUNSHOT WOUNDS:

A. PENETRATING GUNSHOT WOUND OF THE LEFT SHOULDER

1. Entrance Wound (A)

Located on the top of the left shoulder and centered 27 centimeters below top of the head and 9 centimeters left of the anterior midline is a 1 centimeter in diameter gunshot wound of entrance. There is a 2-millimeter eccentric marginal abrasion at the 2 o'clock position. There are two abrasions measuring 0.5 – 1 centimeter at the 9 o'clock position. There is no soot deposition or gunpowder stippling associated with this wound.

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2. Path of the Wound

Extending from this entrance wound is hemorrhagic projectile track which perforates the left trapezius muscle, sternocleidomastoid muscle, sternohyoid muscle, the left pleural cavity, ascending aorta, the middle lobe of the right lung, pleura, and penetrates the intercostal muscles of the right anterior intercostal space #9.

3. Associated Injury

Associated injury includes left hemothorax (100 milliliters of blood), the right hemothorax (1000 milliliters of blood), and intramuscular hemorrhage.

4. Recovered

An intermediate caliber, gray metallic projectile is recovered from the intercostal muscles of the right anterior intercostal space #9. The projectile is photographed, placed in an envelope labeled "Projectile 2", and saved as evidence.

5. Direction of Fire

The direction of fire is from decedent's left to right, back to front, and downward.

B. PENETRATING GUNSHOT WOUND OF THE LEFT UPPER BACK/ NECK**1. Entrance Wound (B)**

Located on the left side of upper back/ neck and centered 24 centimeters below top of the head and 7 centimeters left of the posterior midline is a 1 centimeter in diameter gunshot wound of entrance. There is a 1-millimeter marginal abrasion at the 9 o'clock position. There is no soot deposition or gunpowder stippling associated with this wound.

2. Path of the Wound

Extending from this entrance wound is hemorrhagic projectile track which perforates the left trapezius muscle, levator scapulae muscle, scalene muscles, the left pleural cavity, and terminating in the left pleural cavity.

3. Associated Injury

Associated injury includes pulmonary contusion of upper lobe of the left lung, left hemothorax (100 milliliters of blood), and intramuscular hemorrhage.

4. Recovered

An intermediate caliber, gray metallic, deformed projectile is recovered from the left pleural cavity. The projectile is photographed, placed in an envelope labeled "Projectile 1", and saved as evidence.

5. Direction of Fire

The direction of fire is from decedent's back to front, and downward.

C. PENETRATING GUNSHOT WOUND OF THE LEFT SIDE OF NECK**1. Entrance Wound (C)**

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Located on the left lateral midline of neck and centered 17 centimeters below top of the head is a 1 centimeter in the greatest dimension vertically oriented oval gunshot wound of entrance. There is a 3-millimeter eccentric abrasion at the 12 o'clock position. There is no soot deposition or gunpowder stippling associated with this wound.

2. Path of the Wound

Extending from this entrance wound is hemorrhagic projectile track which perforates the left levator scapulae muscle, scalene muscles, transverse process of thoracic vertebra #1 and the left posterior rib #1 and exits on the left anterior side of neck.

3. Associated Injury

Associated injury includes fractures of thoracic vertebra #1 and the left posterior rib #1, and intramuscular hemorrhage.

4. Partial Exit Wound

Located on the left side of anterior neck and centered 24 centimeters below the top of the head and 5 centimeters left of anterior midline is a 1 centimeter in the greatest dimension slit-like horizontally oriented gunshot wound of exit. There is no soot deposition, gunpowder stippling, or marginal abrasion associated with this wound.

5. Recovered

Reportedly, a projectile was recovered from the left pleural cavity.

6. Direction of Fire

The direction of fire is from decedent's back to front and downward.

EVIDENCE OF THERAPY

Evidence of medical interventions includes endotracheal tube appropriately placed in the upper airways, defibrillator pads adherent to the torso, electrocardiogram pads adherent to the torso, intraosseous catheters in the right humerus and the left tibia, intravascular catheters in the left side of neck and on the left side of upper chest, 20 centimeters horizontally oriented surgical incision on the left side of chest, and a hospital bracelet on the left wrist.

RADIOGRAPHS

Radiographs of the body reveal two projectiles in the chest and fractures of thoracic vertebra #1 and the left posterior rib #1. Small fragments of projectile on the left side of neck are not recovered.

INTERNAL EXAMINATION

Having been described above, the injuries will not be repeated in the remainder of the body of the report.

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BODY CAVITIES:

The body is opened by a Y-shaped incision and the chest plate is removed. All body organs are in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 centimeter in thickness.

HEAD: (Central Nervous System)

The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical and edematous. The structures at the base of the brain, including the cranial nerves are intact. The brain weighs 1475 grams. The brain has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable.

NECK:

The tongue is free of bite marks, hemorrhage, or other injury. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact tan mucosa.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening, and unremarkable; the pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally and follow the usual distribution without atherosclerosis. No thrombosis is noted. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The tricuspid valve is 9 centimeters in circumference, the pulmonary valve 8 centimeters, the mitral valve 9 centimeters, and the aortic valve 8 centimeters. All valve leaflets are thin and pliable. The myocardium is red-brown and firm with no focal lesions; the atrial and ventricular septae are intact. The left ventricle measures 1.5 centimeters, the septum measures 1.5 centimeters, and the right ventricle measures 0.5 centimeters in thickness. The heart weighs 250 grams.

RESPIRATORY SYSTEM:

The pulmonary parenchyma is red-purple and otherwise unremarkable. The pulmonary arteries are normally developed, patent, and without thrombus or embolus. The right lung weighs 170 grams; the left lung weighs 190 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering congested firm green-brown parenchyma. The gallbladder contains 11 milliliters of green-brown, mucoid bile without stones; the mucosal surface is unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1000 grams.

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ALIMENTARY TRACT:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 20 milliliters of green fluid and food fragments. The pancreas has the normal pink-tan lobulated appearance. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent, and strip with ease from the underlying smooth, pale 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 contains 21 milliliters of yellow urine; the mucosa is gray and unremarkable. The prostate gland and seminal vesicles are without note. The right kidney weighs 125 grams; the left kidney weighs 100 grams.

RETICULOENDOTHELIAL SYSTEM:

The capsule of the spleen is intact and unremarkable. The parenchyma is dark purple and firm. The spleen weighs 100 grams. The regional lymph nodes appear normal.

ENDOCRINE SYSTEM:

The thyroid, pituitary, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No other skeletal abnormalities are present.

MICROSCOPIC EXAMINATION:

Selected portions of each organ are retained in formalin without preparation of histologic slides.

ADDITIONAL PROCEDURES:

1. Documentary photographs are taken by: Ms. Rebecca Simpson
2. Additional personnel present: Detective Curcio, BSO
3. Specimens retained for toxicology testing and/or DNA identification are: Blood card, chest blood, vitreous fluid, bile, liver, gastric contents, brain, urine, and serum
4. The dissected organs are released with the body.
5. Forensic Technician: Ms. Suzanne Hendricks
6. Additional specimens retained as evidence by OMETS: None
7. Evidence retained by OMETS: Fingerprint card
8. Evidence submitted directly to law enforcement: DNA card, fingerprints, projectile from left pleural cavity, projectile from right chest wall, fingernail swabs and clippings

FINAL DIAGNOSES:**I. MULTIPLE GUNSHOT WOUNDS****A. PENETRATING GUNSHOT WOUND OF THE LEFT SHOULDER**

1. Entrance Wound (A): Top of the left shoulder
2. Path of the Wound: Perforation of the left trapezius muscle, sternocleidomastoid muscle, sternohyoid muscle, the left pleural cavity, ascending aorta, the middle lobe of the right lung, pleura, and penetration of the intercostal muscles of the right anterior intercostal space #9
3. Associated Injury: Left hemothorax, the right hemothorax, and intramuscular hemorrhage
4. Recovered: An intermediate caliber, gray metallic projectile is recovered from the muscles of the right anterior intercostal space #9
5. Direction of Fire: Left to right, back to front, and downward
6. Distance of Fire: No evidence of close range fire

B. PENETRATING GUNSHOT WOUND OF THE LEFT UPPER BACK/ NECK

1. Entrance Wound (B): Left side of upper back/ neck
2. Path of the Wound: Perforation of the left trapezius muscle, levator scapulae muscle, scalene muscles, the left pleural cavity
3. Associated Injury: Contusion of upper lobe of the left lung, left hemothorax, and intramuscular hemorrhage
4. Recovered: An intermediate caliber, gray metallic, deformed projectile is recovered from the left pleural cavity
5. Direction of Fire: Back to front, and downward
6. Distance of Fire: No evidence of close range fire

C. PENETRATING GUNSHOT WOUND OF THE LEFT SIDE OF NECK

1. Entrance Wound (C): Left lateral midline of neck
2. Path of the Wound: Perforation of the left levator scapulae muscle, scalene muscles, the transverse process of thoracic vertebra #1 and the left posterior rib #1, and exit on the left anterior side of neck
3. Associated Injury: Thoracic vertebra #1 fracture, the left posterior rib #1 fracture, and intramuscular hemorrhage.
4. Partial Exit Wound: Left side of anterior neck
5. Direction of Fire: Back to front, right to left, and downward
6. Distance of Fire: No evidence of close range fire

II. TOXICOLOGY:

Blood (chest) GC/MS Basic Drug Screen Drugs not detected

Blood (chest) HSGC/FID Ethanol None detected

Urine IA Drugs not detected

Vitreous HSGC/FID Ethanol None detected

Onfroy, Jahseh

June 19, 2018

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OPINION:

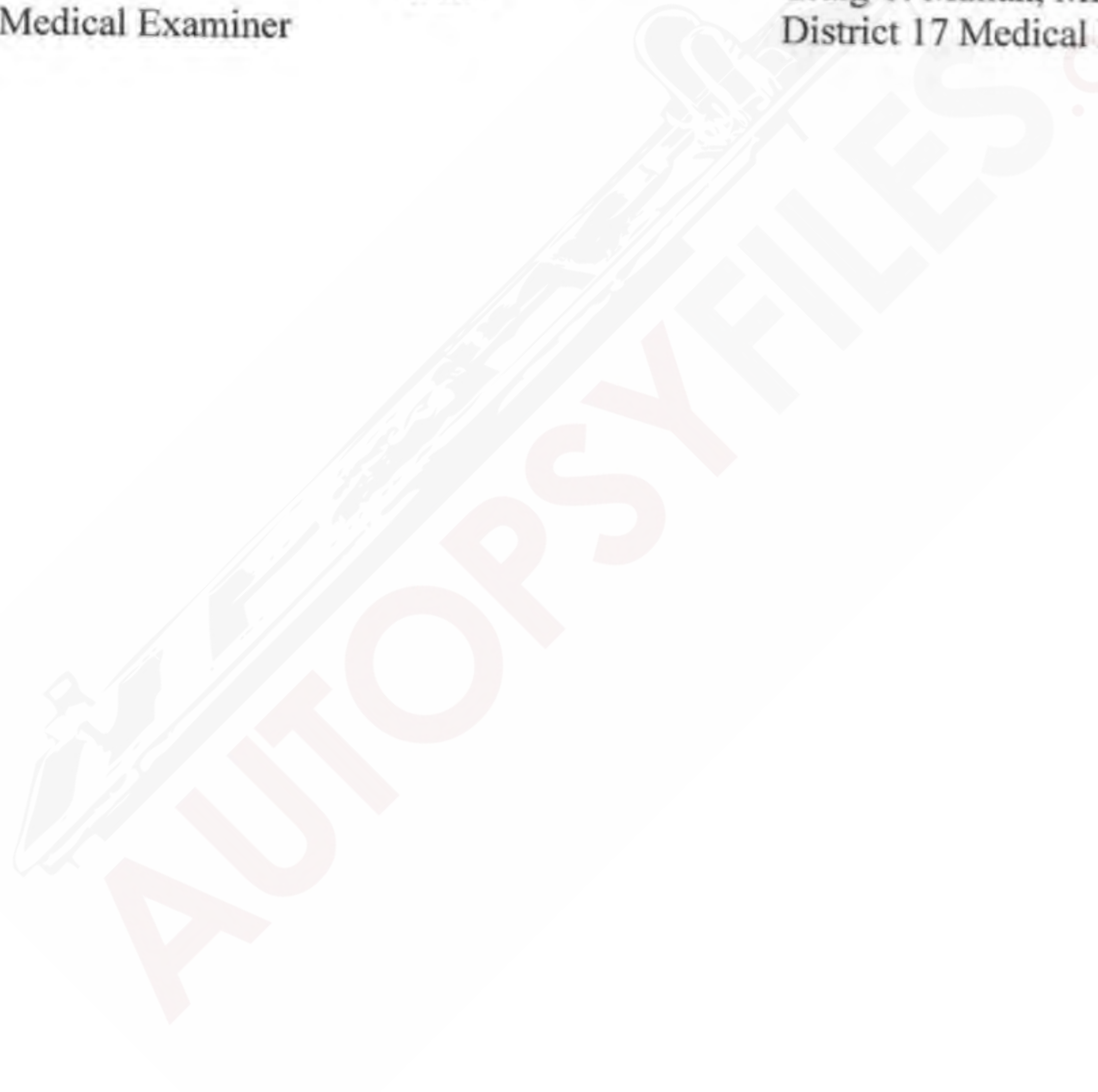
This 20-year-old, black male, Jahseh Onfroy, died as a result of multiple gunshot wounds.

The manner of death is determined to be: HOMICIDE

This opinion as to the cause and manner of death is based on the information available at the date of this report. If additional objective, probative information becomes available, this office reserves the right to consider such information, and if appropriate, amend the report, including the cause and manner of death.


Iouri G. Boiko, MD
Associate Medical Examiner
08/31/18
Date


Craig T. Mallak, MD, JD
District 17 Medical Examiner
31 JUL 18
Date





Broward County Office of the Medical Examiner and Trauma Services

5301 SW 31st Avenue

Fort Lauderdale, Florida 33312 (954) 357-5225

Final Toxicology Report

BME2018-1808

Jahseh Onfroy

20 years old Black Male

Date Of Birth: 1/23/1998

Case No: **BME2018-1808**

Specimen Collection Date: 6/19/2018 12:00

Submitting Agency: Broward County Medical Examiner's Office

Specimen Received Date: 6/19/2018 13:35

Specimen:

Bile
Blood (chest)
Brain
Gastric
Liver
Serum
Urine
Vitreous

Specimen

Procedure

Drug Class

Result

Concentration

Blood (chest)

GC/MS

Basic Drug Screen

Drugs not detected

Blood (chest)

HSGC/FID

Ethanol

None detected

Urine

IA

Ethanol

Drugs not detected

Vitreous

HSGC/FID

Ethanol

None detected

Gary W. Kunsman, Ph.D., F-ABFT

Toxicologist

Date reviewed: 6/26/2018

*** Specimens are retained and disposed of in accordance with Florida Administrative Code Rule 11G-2.004. ***