



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER**

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Shelby County Medical Examiner: Dr. Karen E. Chancellor

State Medical Examiner: Teresa Campbell M.D.

Judicial District Number: 30

District Attorney: Honorable William Gibbons

State Number: 10-79-1826

Case Number: MEC2010-0911

1. Name of Decedent Lorenzen Vernagagne Wright		2. Age 34 Years	3. Race Black	4. Sex Male
5. Address 452 Tioram Ln., Smyrna, GA 30082				
6. Date of Death 07/28/2010 7:30 PM	7. Type of Death Suspected Homicide		8. Investigating Agency/Complaint #: Memphis Police Department, Complaint #: 1007015548ME	
9. Place of Death N 35 03.413 W 89 47.932, Memphis, TN				
10. Narrative Summary Reportedly the Shelby County ESU Search and Rescue Dogs located a decomposed body in the field south of Callis Cut Off Rd, just west of Hacks Cross Rd at about 1430hrs this date. They were in the area searching for a missing person listed as Lorenzen Wright, who was reported missing on 07/22/2010 by family. Memphis Police Homicide investigators responded to the scene and Lt Mark Miller notified this office at 1826hrs. Jurisdiction was accepted for the Medical Examiner's Office. This investigator along with Inv Fowler, responded to the scene, performed a brief examination and pronounced the decedent at 1930hrs. The decedent and scene were documented with photography. MTRS transported the decedent to the Regional Forensic Center for further examination, positive identification and final disposition to a funeral home. Luke Noah, Investigator 07/28/2010				
11. Jurisdiction Accepted Yes	12. Autopsy Ordered Yes		13. Toxicology Ordered Yes	
14. Physician Responsible for Death Certificate Marco A Ross, M.D.				
15. Cremation Approved Yes	16. Funeral Home Golden Gate Funeral Home			
17. Cause of Death Multiple gunshot wounds				
18. Contributory Cause of Death				
19. Manner of Death Homicide				

**CERTIFIED TO BE A TRUE AND
EXACT COPY OF THE ORIGINAL**

[Signature] 11/10/2010
Office of the Shelby County Medical Examiner

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Office of the Shelby County Medical Examiner
Regional Forensic Center

1060 Madison Avenue
Memphis, Tennessee 38104-2106
Telephone (901) 544-7200 Fax (901) 544-7211

REPORT OF AUTOPSY EXAMINATION

CASE NUMBER: 2010-0911

DECEDENT: Lorenzen Wright

AGE: 34 years

RACE: Black

SEX: Male

Authorized by: Karen E. Chancellor, M.D.

Received from: Shelby County

Date of Autopsy Examination: July 29, 2010

Time: 0900

Body Identified by: Dental

Persons present at autopsy: Ms. Christina Barrett and Ms. Madeline Lyles
and Dr. Karen Chancellor

PATHOLOGICAL DIAGNOSIS

- I. Advanced postmortem decomposition with skeletonization.
 - II. Gunshot wounds of the head.
 - A. Bullet jacket in skull.
 - III. Gunshot wounds of the chest.
 - A. Two bullets in decomposed tissue within chest cavity.
 - IV. Gunshot wound of right forearm.
 - A. Fracture of distal right radius.
 - B. Bullet fragments and jacket fragments in soft tissue around fracture site.
-

CAUSE OF DEATH: Multiple gunshot wounds

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

****Electronically signed by Marco A. Ross, M.D. on Thursday, September 16, 2010****

Marco A. Ross, M.D., Pathologist Date

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EXACT COPY OF THE ORIGINAL
[Signature] 11/10/2010
Office of the Shelby County Medical Examiner

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Decedent: Lorenzen Wright

CLOTHING AND PERSONAL EFFECTS

The body was clad in the following: a pair of pants with a belt, a shirt, underwear, and a pair of shoes. Personal effects include a necklace with two tags and a white metal watch. There are multiple defects in the shirt, underwear and pants, some of which appear to be consistent with bullet hole defects.

EXTERNAL EXAMINATION

The markedly decomposed and nearly skeletonized remains are those of an adult male. The total weight of the remains is 57 pounds. The length of the skeleton is approximately 82 inches. Rigor mortis and livor mortis are indeterminate due to the extent of decomposition and skeletonization. Some mummified skin is present on the left side of the head and face with short black hair in some areas of residual scalp. There are four defects in this residual skin as described below. The remainder of the head and the entire neck is skeletonized and there are multiple defects and fractures of the skull as described below. Some residual fragments of decomposed soft tissue are adherent to the skeletonized areas. Natural dentition is present with postmortem loss of the medial incisors of the mandible.

The torso is nearly fully skeletonized with some residual decomposed soft tissue adherent to some of the ribs, vertebrae and pelvic bones. Fractures are identified in the right clavicle and some ribs as described below.

The extremities are partially skeletonized with decomposed soft tissue adherent to many of the extremity bones, most notably the radii and ulnae and portions of the humeri and femora. There is a fracture of the right radius with a few scattered bullet and jacket fragments as described below. Some residual mummified skin is present on the left upper extremity (mostly the posterior aspect of the upper arm, the antecubital fossa, and the volar aspect of the proximal forearm) and the posterior aspects of the lower extremities (mostly the lower legs and partially on the distal thighs). On the posterior aspect of the left calf is a tattoo of what appears to possibly be a bulldog. On the region of the left antecubital fossa and proximal left forearm is a tattoo of some type of animal.

Some residual mummified skin is present on the upper and mid-back region and there is an illegible tattoo present on the upper back region.

INTERNAL EXAMINATION

The head, neck and torso are extensively skeletonized and the viscera are absent due to postmortem decomposition with only some decomposed tissue remaining in the chest cavity area and a small amount of decomposed tissue remaining within the skull. The extremities are less skeletonized but large areas of the bones in the extremities are exposed due to postmortem decomposition. There are skeletal injuries and evidence of gunshot wounds as described below.

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EVIDENCE OF TRAUMA

On the mummified left frontal scalp is a $1 \frac{3}{8} \times \frac{1}{2}$ inch defect centered approximately 1 inch below the top of the head and $4 \frac{3}{4}$ inches to the left of the anterior midline. This corresponds to an area of skull fracture although postmortem artifact cannot be excluded.

On the mummified skin on the left forehead is a $\frac{9}{16} \times \frac{1}{2}$ inch defect centered approximately $2 \frac{3}{4}$ inches below the top of the head and $2 \frac{1}{2}$ inches to the left of the anterior midline. This corresponds to an area of skull fracture although postmortem artifact cannot be excluded.

On the mummified left temporoparietal scalp is a $\frac{9}{16} \times \frac{5}{16}$ inch defect centered approximately $3 \frac{3}{4}$ inches below the top of the head and $4 \frac{3}{4}$ inches to the left of the anterior midline. This corresponds to a gunshot entrance wound defect on the left temporoparietal skull.

On the mummified skin in the left preauricular region is a $\frac{3}{4} \times \frac{1}{4}$ inch defect centered approximately 5 inches below the top of the head and $3 \frac{1}{2}$ inches to the left of the anterior midline. Postmortem artifact cannot be excluded.

There are multiple defects and fractures of the skull described below. A small amount of decomposed soft tissue inside the skull contains several bone fragments and a deformed bullet jacket that may possibly be of medium caliber.

There are multiple rib fractures and a fracture of the right clavicle described further below.

Within the chest cavity area there is soft amorphous gray-brown decomposed tissue in the area corresponding to the location of the heart and/or diaphragm. Two bullets are identified within this tissue, some of which appears to be muscular tissue that is probably residual decomposed heart tissue and/or diaphragm. The bullets are non-jacketed and appear to be of small caliber.

There is a fracture of the distal right radius. Surrounding this fracture site in the residual decomposed soft tissue are a few bullet and jacket fragments ranging from 3 to 16 mm in maximum dimension.

SKELETAL ANALYSIS

Skeletal analysis is performed following removal of residual tissues from the skeleton. The entire skeleton is present except not all distal phalanges are identified and the hyoid bone is absent. The 12th ribs are not definitively identified although two smaller unidentified bones are present that are possibly vestigial 12th ribs. There are traumatic injuries of the skeleton as described below. There is focal early osteophyte development of the 10th through 12th thoracic vertebrae

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and the 1st and 3rd lumbar vertebrae. The distal ½ of the proximal phalanx of the left thumb has irregularities and two small orthopedic screws consistent with a remote fracture. An intramedullary screw is identified in the right 5th metatarsal.

EVIDENCE OF SKELETAL TRAUMA

SKULL:

There is a 9 x 6 cm defect of the mid-facial skull with absent nasal and ethmoid bones and portions of the maxillae, orbits, and frontal bone missing. Fractures radiate from this defect into the frontal, temporal and maxillary bones. One of the fractures connects to a separate 3.8 x 2 cm triangular defect in the frontal bone near the coronal suture, and fractures from this defect continue into the left parietal bone. This latter triangular defect probably represents a missing fracture fragment.

On the left temporoparietal skull is a 3.8 x 1.7 cm defect that is internally beveled except for focal external beveling at the superior edge. These findings are consistent with a "keyhole" gunshot entrance wound defect. Several fractures radiate from this defect into the frontal, left parietal and left temporal bones.

On the base of the skull just posterior to the left mastoid prominence is a 1.2 x 1.8 cm ovoid defect with internal beveling. This is consistent with a gunshot entrance wound. Fractures radiate from this defect into the adjacent petrous and occipital bones.

On the right temporal skull is a 2.5 x 1.6 cm defect with external beveling consistent with a gunshot exit wound.

As previously described, a bullet jacket was located within the skull.

Overall the findings are consistent with at least two gunshot wounds to the head. The entrance wound on the base of the skull probably exits through the defect in the right temporal skull. The entrance wound on the left temporoparietal skull probably exits through the area of the 9 x 6 cm missing defect of the mid-facial skull. Additional entrances/exits in the mid-facial skull cannot be excluded.

RIGHT CLAVICLE:

On the right mid-clavicle is a gunshot wound defect that measures 1 cm on the anterosuperior aspect and 3 x 0.9 cm on the inferior aspect. The trajectory appears to be downward and from anterior to posterior. An oblique fracture extends medially from this gunshot wound defect across the clavicle.

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RIGHT 2ND RIB:

On the outer surface and inferior edge of the anterolateral aspect of the right 2nd rib is a 2.5 x 1 cm gunshot wound defect. The upper-most margin of the defect is rounded with cortical bone pushed into the underlying cancellous bone. This is consistent with a downward trajectory. This gunshot wound defect may represent a continuation of the gunshot wound that caused the right mid-clavicle defect.

LEFT 4TH RIB:

At the inferior edge of the left 4th rib near its costal end are two irregular linear fractures ranging from 3.1 to 3.4 cm. in length. There is a circular defect of the shirt corresponding to this area that may represent a gunshot wound site.

LEFT 8TH RIB:

On the lateral to posterolateral aspect of the left 8th rib is a completely transecting gunshot wound defect. The estimated minimal dimensions of the defect on the outer surface of the rib are approximately 1.3 x 1.2 cm and on the inner surface of the rib approximately 4.0 x 1.5 cm. These findings are consistent with a trajectory from the outer surface of the rib to the inner surface of the rib. In addition, there is a separate 3.9 cm irregular linear fracture along the superior and inner surfaces of the rib in its posterior portion. This fracture may be associated with the gunshot wound defect.

RIGHT RADIUS:

Approximately 4 cm proximal to the distal end of the right radius is a gunshot wound defect. On the dorsal surface the defect is 2.0 x 1.0 cm. On the ventral surface the defect has a stellate configuration with a 3.0 x 1.5 cm central area with irregular margins that extend to an overall size of 6 x 2 cm. These findings are consistent with a trajectory that is from the dorsal aspect to the ventral aspect of the radius.

TOXICOLOGY SPECIMENS

A sample of residual decomposed soft tissue from the chest cavity area is submitted to toxicology.

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ADDITIONAL PROCEDURES

Radiographs:	Full body x-rays are obtained. There are two bullets in the chest region, a deformed projectile in the skull and small projectile fragments in the right forearm.
Evidence collected:	Bullet jacket from skull, bullets (2) from chest, bullet fragments and bullet jacket fragments from right forearm, pulled head hair sample, residual fingernails from right hand.

SUMMARY AND INTERPRETATION

The decedent was a 34 year old man whose decomposed and skeletonized remains were discovered in a field. Positive identification is established by forensic odontology analysis.

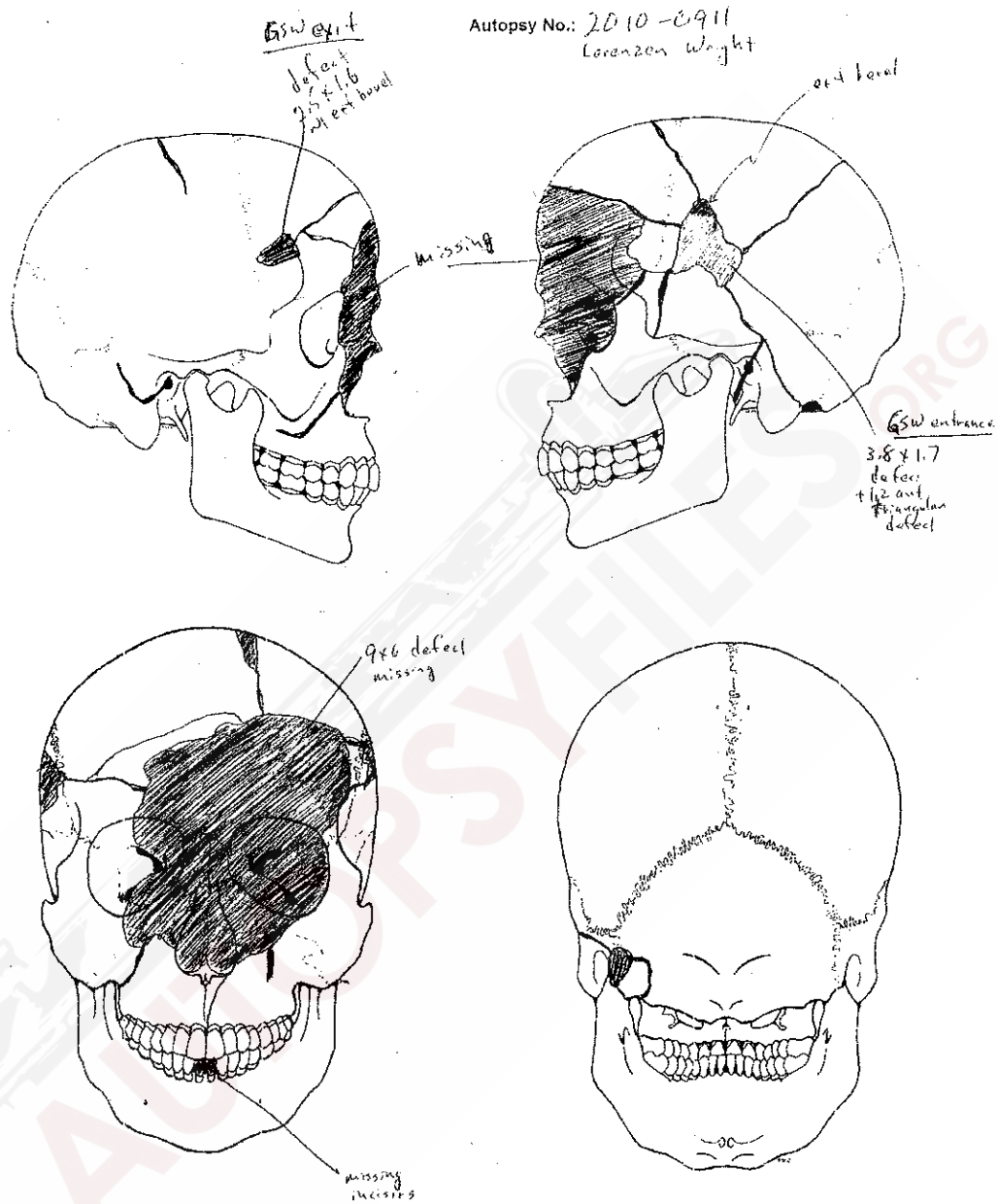
Examination of the remains reveals evidence of multiple gunshot wounds. The findings are consistent with at least two gunshot wounds of the head, two gunshot wounds of the torso, and a gunshot wound of the right forearm. Additional gunshot wounds cannot be excluded.

The cause of death is multiple gunshot wounds. The manner of death is homicide.

MAR/kmj

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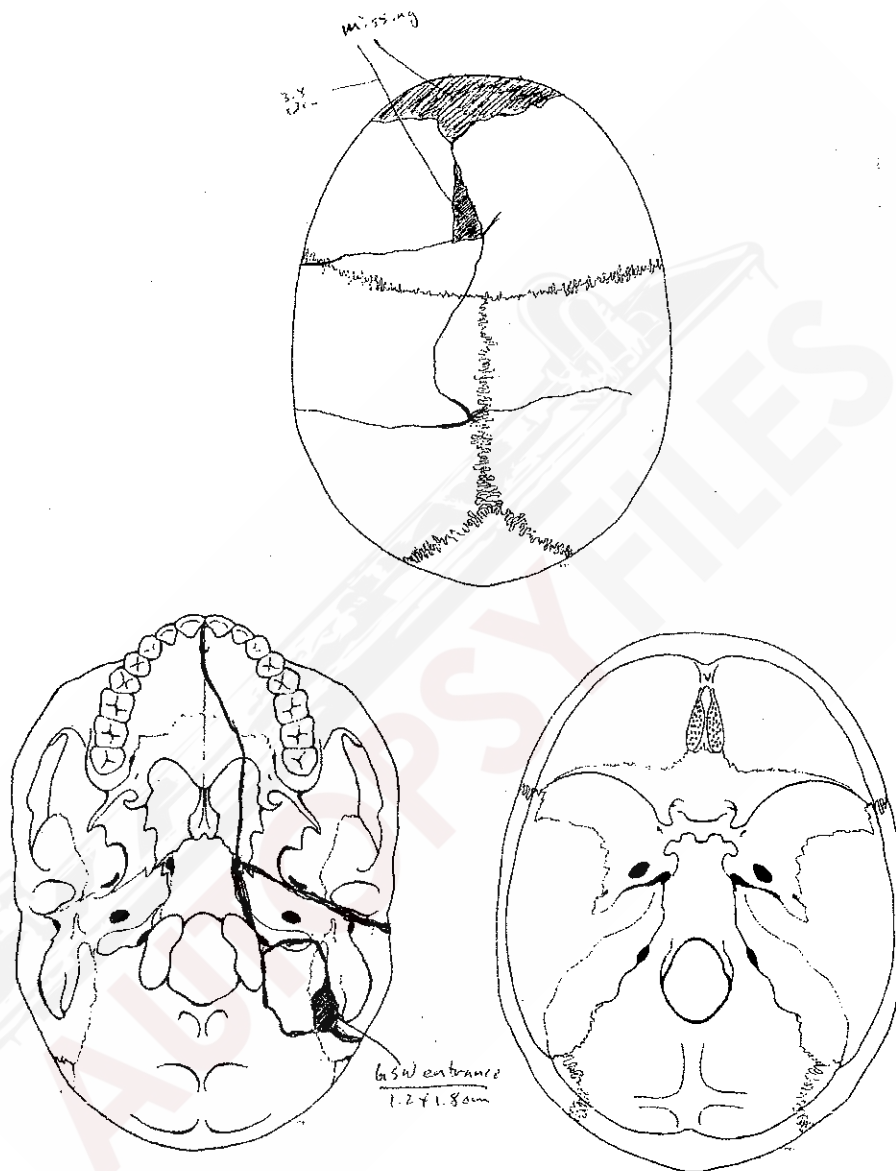
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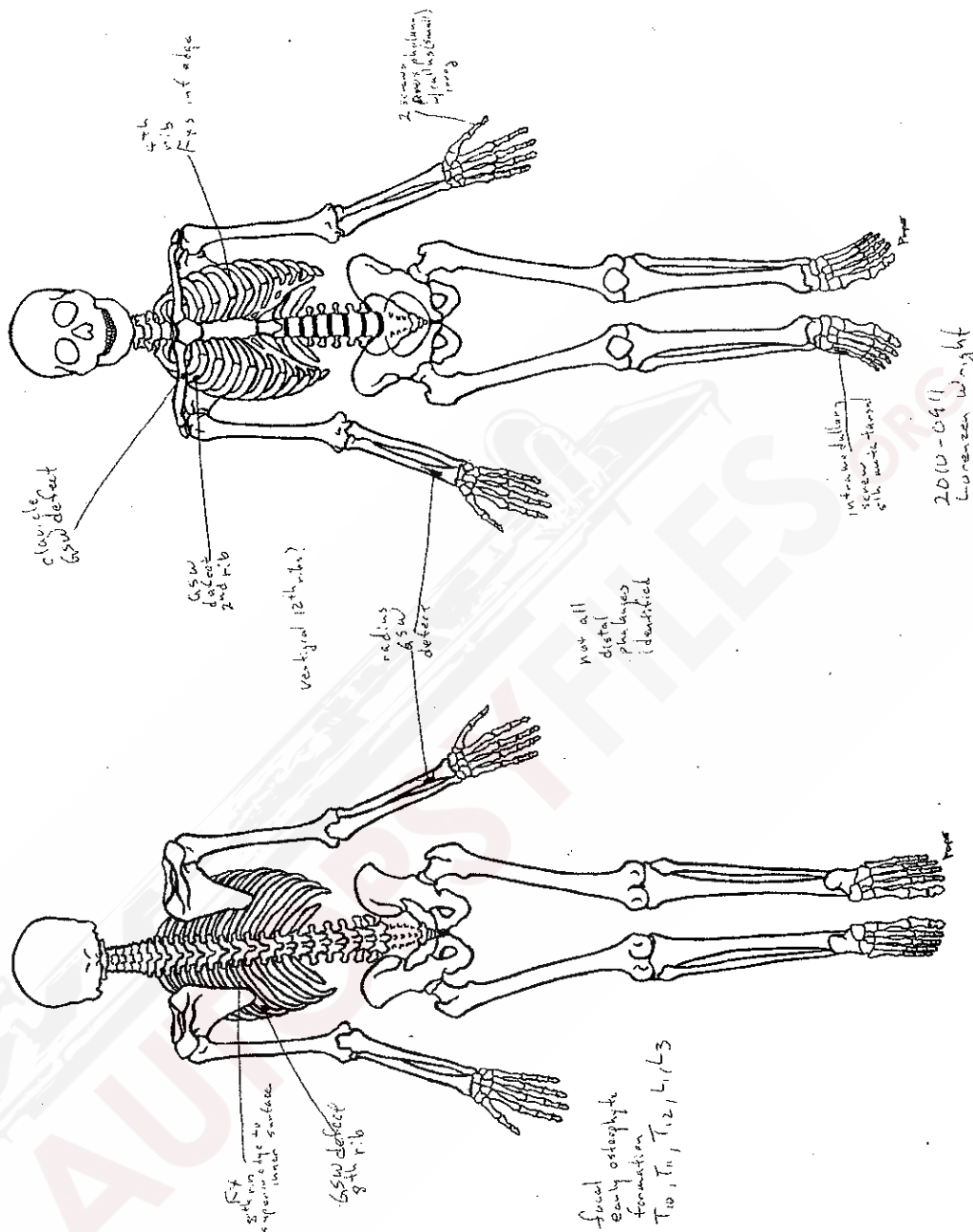
Decedent: Lorenzen Wright

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MEDICOLEGAL OPINION

July 29, 2010

On July 29, 2010, I examined the skull of a near skeletonized male decedent recorded as MEC 2010-0911 at the Shelby County Regional Forensic Center. Antemortem dental records on Lorenzen Wright were provided to the SCRFC by the office of Dr. John Tosi. The dental records consisted of 4 bitewing radiographs dated 1/05/06. Tooth #24 and #25 were not available postmortem and the sockets were indicative of postmortem avulsion. Post mortem dental charting, photographs and radiographs were made utilizing the Dexis system. Findings were reported to Dr. Marco Ross, Assistant Medical Examiner.

The following findings were recorded:

Tooth #	
1	Missing
2	OL amalgam
3	OL amalgam
4	Present
5	Present
6	Present
7	Present
8	Present
9	Present
10	Present
11	Present
12	Present
13	DO amalgam
14	OL amalgam
15	MOL amalgam
16	Missing
17	Missing
18	OB amalgam
19	O amalgam
20	Present
21	Present
22	Present
23	Present
24	Postmortem Avulsion
25	Postmortem Avulsion
26	Present
27	Present
28	O composite, NSRCT
29	Present
30	O amalgam
31	O amalgam
32	Missing

Tooth #15 exhibited an occlusal amalgam on the antemortem radiograph. However, postmortem both clinically and radiographically the same tooth was found to have a MO amalgam restoration present. No written dental record or other radiographs were available for examination. However, this discrepancy

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is not unusual in respect to the fact that decay detected at or subsequent to the time the antemortem radiographs were obtained may have resulted in the replacement of the occlusal amalgam to a larger, two surfaced restoration. Additionally, the uniqueness of the remaining restorations including the non surgical endodontic therapy on #28 accurately corresponded on both the antemortem and postmortem radiographs. There were no unexplained discrepancies. Based upon my education, training and experience in the field of forensic odontology, it is my opinion that the skull and mandible in case 2010-0911 can be positively identified as that of Mr. Lorenzen Wright. If you have any questions regarding this case, please feel free to contact me.



Edgar W. Turner D.D.S., M.S.



Certificate of Analysis

Aegis Sciences Corporation
515 Great Circle Road Nashville, TN 37228
(615) 255-2400 - Fax (615) 255-3030
www.aegislabs.com

Client Information

Client: Forensic Medical - Memphis
Report To: Dr. Ross
Forensic Medical - Memphis
1060 Madison Ave
Memphis, TN 38104

Work Order / Sample Information

Case ID: 2010-0911
Reason for Test: Post-mortem
Specimen Type: Other

Lab Information

Laboratory ID: 4427078
Collected: 07/29/2010 00:00
Received: 08/05/2010 07:51
Completed: 09/03/2010 16:04
Reported: 09/03/2010 16:30

Test(s) Requested

40579 - Profile- Comprehensive Tissue

Lorenzen Wright

70251 - Confirmation Volatiles

70551 - Confirmation Cocaine Parent

Drug Class	Result	Quantitation	Reporting Threshold
Alcohol - Volatiles	POSITIVE		
Ethanol	POSITIVE	46 mg/100g	10 mg/100g
Methanol	NEGATIVE		10 mg/100g
Acetone	NEGATIVE		10 mg/100g
Isopropanol	NEGATIVE		10 mg/100g
Acetaminophen	NONE DETECTED		10 mcg/G
Amphetamines	NONE DETECTED		50 ng/G
CNS Stimulants	NONE DETECTED		50 ng/G
Barbiturates	NONE DETECTED		1 ng/G
Sedatives/Hypnotics	NONE DETECTED		200 ng/G
Methadone	NONE DETECTED		50 ng/G
Benzodiazepines	NONE DETECTED		25 ng/G
Cocaine Metabolite	NONE DETECTED		100 ng/G
Ecgonine Methyl Ester	NONE DETECTED		100 ng/G
Parent Cocaine	NONE DETECTED		100 ng/G
Cocaethylene	NONE DETECTED		100 ng/G
Benzoyllecgonine	NONE DETECTED		100 ng/G
Opiates	NONE DETECTED		100 ng/G
Synthetic Narcotics	NONE DETECTED		100 ng/G
Phenothiazines	NONE DETECTED		10 ng/G
Salicylates	NONE DETECTED		50 mg/kg
Salicylate	NONE DETECTED		50 mg/kg
Tricyclic Antidepressants	NONE DETECTED		50 ng/G
Atypical Antidepressants	NONE DETECTED		10 ng/G
Antipsychotics	NONE DETECTED		2 ng/G
Miscellaneous	NONE DETECTED		0.25

Sample Comments

Chest tissue received.

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

* Examiner Paige Long, M.S.

Date: 9/3/2010

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EXACT COPY OF THE ORIGINAL
11/10/2010
Office of the Shelby County Medical ExaminerRECEIVED
SEP 09 2010

BY: