



City and County of Denver

OFFICE OF THE MEDICAL EXAMINER

500 Quivas St, Denver, Colorado 80204
TEL: (720) 337-7600 FAX: (720) 337-7709

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

Meredith A. Frank, M.D.
Assistant Medical Examiner

AUTOPSY REPORT

Name of Decedent: WILLIAM DEBOSE **ME#:** 2020-1949
Date and Time of Death: MAY 1, 2020; 2255 HOURS **Age:** 21 YEARS
Date and Time of Autopsy: MAY 2, 2020; 0845 HOURS **Sex:** MALE

ANATOMIC DIAGNOSES

- I. Gunshot Wound to the Chest
 - A. Entrance: Right upper chest; no soot deposition or gunpowder stippling on the surrounding skin
 - B. Wound Path: Skin, subcutaneous tissue, and muscle of the right chest; right lung; superior vena cava and aorta; left lung; posterior left 5th rib; and the muscle, subcutaneous tissue, and skin of the back
 - C. Exit: Left upper back; no projectile or projectile fragments recovered
 - D. Associated Injuries: Bilateral hemothorax, hemorrhage along the wound path
 - E. Trajectory: Right to left, front to back, and downward
- II. Gunshot Wound to the Left Thigh
 - A. Entrance: Lateral left thigh; no soot deposition or gunpowder stippling on the surrounding skin
 - B. Wound Path: Skin, subcutaneous tissue, and muscle of the left thigh, soft tissue of the left pubic area
 - C. Recovered: Projectile recovered from the subcutaneous tissue of the pubic area
 - D. Associated Injuries: Hemorrhage along the wound path
 - E. Trajectory: Left to right, slightly back to front, and upward

AUTOPSY REPORT

-2-

WILLIAM DEBOSE
2020-1949-26

- III. Minor cutaneous blunt force injuries of the face and knees
- IV. No evidence of significant natural disease processes
- V. Toxicology is positive for ethanol and cannabinoids in postmortem peripheral blood

TOXICOLOGY

REFERENCE LABORATORY: National Medical Services, Inc.
Horsham, PA

Basic postmortem blood panel results:

Compound	Result	Units	Matrix Source
Ethanol	28	mg/dL	001 - Femoral Blood
Blood Alcohol Concentration	0.028	g/100mL	001 - Femoral Blood
11-Hydroxy Delta-9 THC	1.9	ng/mL	001 - Femoral Blood
Delta-9 Carboxy THC	14	ng/mL	001 - Femoral Blood
Delta-9 THC	8.5	ng/mL	001 - Femoral Blood

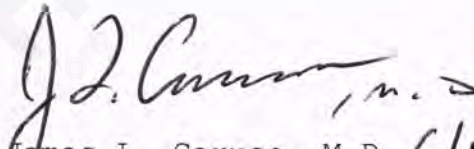
Other than as noted above, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance.

AUTOPSY REPORT

-3-

WILLIAM DEBOSE
2020-1949-26**OPINION**

This 21-year-old male, William Debose, died as a result of a gunshot wound of the chest that injured both lungs, the aorta, and the superior vena cava. The autopsy revealed a perforating wound path through the chest with a front-to-back and right-to-left trajectory. An additional gunshot wound to the left thigh injured only soft tissue and had predominantly left-to-right trajectory. Neither entrance wound exhibited evidence of close-range discharge of a firearm. One projectile was recovered and turned over to crime laboratory personnel. No evidence of significant natural disease processes was present. There were minor cutaneous blunt force injuries of the face and both knees that likely were the result of terminal collapse. Toxicological testing was positive for ethanol and cannabinoids in postmortem peripheral blood. With the information available to me at this time, the manner of death, in my opinion, is homicide.


James L. Caruso, M.D. 6/12/2020
Chief Medical Examiner/Coroner

JLC: 5/10/2020

AUTOPSY REPORT

-4-

WILLIAM DEBOSE
2020-1949-26**CIRCUMSTANCES OF DEATH:**

The decedent is a 21-year-old (DOB: 9/12/1998) male who was in an altercation with law enforcement personnel when he sustained gunshot wounds. The decedent was transported to a local hospital where resuscitation efforts were unsuccessful.

IDENTIFICATION:

The body is identified by comparison between antemortem and postmortem fingerprints.

CIRCUMSTANCES OF THE POSTMORTEM EXAMINATION:

An autopsy on the body of William Debose is performed at the Denver Office of the Medical Examiner beginning at 8:45 AM on May 2, 2020. Conor McGuinn is assisting.

CLOTHING AND PERSONAL EFFECTS

The body is received in an unsealed body bag, unclad, and wrapped in a white hospital sheet and a blue hospital sheet. There is a yellow metal piercing in the nasal septum. No other personal effects accompany the body.

EVIDENCE OF MEDICAL INTERVENTION

Medical intervention on the body at the time of the examination includes endotracheal intubation, an intraosseous catheter in the lateral right arm, a vascular access device in the right subclavian area, a 1 ¼-inch chest tube incision on the right, and an 11-inch sutured thoracotomy incision on the left. There is an abrasion with superficial laceration in the left axilla that is associated with the thoracotomy incision. The pericardial sac is surgically open.

EXTERNAL EXAMINATION

The unembalmed body is that of an adult male with a weight of 151-pounds and a body length of 69 ½-inches. Rigor mortis is present and equal throughout. Livor mortis is posterior and fixed, except in areas exposed to pressure. The body temperature is that of the refrigeration unit.

AUTOPSY REPORT

-5-

WILLIAM DEBOSE
2020-1949-26

The scalp hair is black in color, curly, short, and is distributed normally. The irides appear to be brown and the sclerae are clear. No petechial hemorrhages are noted. The teeth are natural and in good condition. Both earlobes are pierced twice. The nasal septum is pierced. Facial hair consists of a short black beard and mustache. Injuries of the face will be described. There is no evidence of significant external injury to the neck.

The torso is normally developed and symmetrical. The abdomen is scaphoid. The external genitalia are those of a normal, circumcised adult male, with both testes descended into the scrotum. Injuries of the torso will be described. There is no external evidence of significant recent trauma to the urogenital area.

Paper bags on both hands are removed for the examination. The upper extremities are normally developed, symmetrical, and without edema. The lower extremities are normally developed, symmetrical, and without edema. An injury to the left lower extremity will be described. A hospital identification band is on the right wrist.

The posterior aspects of the torso have an injury that will be described. The anus is unremarkable.

Tattoos are on the left upper chest, the lower left abdomen, and the left wrist. Irregular scarring is on the anterior aspect of both legs. No large scars or other significant identifying body marks are noted.

EVIDENCE OF INJURY

Gunshot Wound to the Chest

There is an entrance gunshot wound on the right upper chest, situated approximately 13 ¼-inches below the top of the head and 2 ¼-inches right of the anterior midline. The 3/16-inch skin defect has a 3/16-inch eccentric marginal abrasion between 7 and 11 o'clock. There is no soot deposition or gunpowder stippling on the skin surrounding the entrance wound. The wound path goes through the skin, subcutaneous tissue, and muscle of the chest, entering the right pleural cavity through the sternum at the junction with the right 1st rib, perforates the upper lobe of the right lung as well as the arch of the aorta and the superior vena cava, perforates the upper and lower lobes of the left lung, and exits the left pleural cavity through the posterior aspect of the left 5th rib (with

AUTOPSY REPORT

-6-

WILLIAM DEBOSE
2020-1949-26

fracture). The path then continues through the muscle, subcutaneous tissue, and skin of the back to a corresponding $\frac{1}{2}$ -inch irregular laceration exit wound, situated approximately 15 $\frac{1}{4}$ -inches below the top of the head and 3 $\frac{3}{16}$ -inches left of the posterior midline. No projectile or projectile fragments are recovered along the wound path. Associated injuries include approximately 1000-mL of blood in the right pleural cavity, approximately 50-mL of blood in the left pleural cavity (after surgical intervention), and hemorrhage along the wound path. The trajectory of the wound path is right to left, front to back, and downward.

Gunshot Wound to the Left Thigh

There is an entrance gunshot wound on the lateral left thigh, situated approximately 35 $\frac{1}{2}$ -inches above the bottom of the left foot and 2 $\frac{1}{2}$ -inches lateral to the anterior midline of the left lower extremity. The $\frac{3}{16}$ -inch skin defect has a $\frac{3}{16}$ -inch eccentric marginal abrasion between 5 and 7 o'clock. There is no soot deposition or gunpowder stippling on the skin surrounding the entrance wound. The wound path goes through the skin, subcutaneous tissue, and muscle of the left thigh and continues through the soft tissue of the left pubic area. A projectile is recovered within the subcutaneous tissue of the pubic area at approximately 31 $\frac{7}{8}$ -inches below the top of the head and $\frac{1}{4}$ -inch left of the anterior midline of the body. Associated injuries include hemorrhage along the wound path. The trajectory of the wound path is left to right, slightly back to front, and upward with the body in anatomic position.

Other Injuries

There is a 1 $\frac{1}{4}$ x $\frac{3}{4}$ -inch irregular abrasion involving the bridge of the nose and the left side of the nose. A 3 $\frac{1}{2}$ x 1 $\frac{1}{2}$ -inch irregular abrasion is on the mid and left forehead. There is a 1 $\frac{3}{4}$ x $\frac{1}{2}$ -inch abrasion on the left side of the face.

A $\frac{3}{4}$ x $\frac{1}{2}$ -inch abrasion is on the right knee. There is a $\frac{1}{2}$ x $\frac{1}{2}$ -inch abrasion on the left knee. A few small abrasions with a postmortem appearance are on the left wrist.

INTERNAL EXAMINATION

GENERAL DESCRIPTION:

The body is opened by a standard Y-shaped thoracoabdominal incision. All viscera occupy their appropriate anatomic relationships.

AUTOPSY REPORT

-7-

WILLIAM DEBOSE
2020-1949-26

Visceral surfaces are smooth and only remarkable for the previously described injuries. There is no abnormal fluid accumulation in the peritoneal cavity.

CARDIOVASCULAR SYSTEM:

The 270-gram heart occupies its usual mediastinal site. 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 luminal narrowing by atherosclerosis. The myocardium is red-brown and firm. Ventricular thicknesses are left 1.5-cm, right 0.4-cm, and 1.5-cm in the interventricular septum. 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 arises normally, with all major arterial branches arising in their appropriate anatomic relationship. The intimal surfaces of the aorta are without aneurysm formation or dissection. An injury of the aorta has been described previously. No atherosclerotic changes are present. Other than the previously described injury to the superior vena cava, no systemic venous abnormalities are noted.

RESPIRATORY SYSTEM

The right lung weighs 230-grams and the left lung weighs 280-grams. The upper and lower airways are patent and of normal caliber. The pleural surfaces exhibit the previously described injuries and mild anthracotic pigment deposition. Both lungs are hypoinflated. The parenchyma is minimally congested, red-purple in color, and exudes a small amount of blood and fluid on sectioning. There are no areas of consolidation or scarring. The pulmonary vessels are patent and of normal caliber.

DIGESTIVE/HEPATOBIILIARY SYSTEM:

The tongue is uninjured. The esophagus is of normal caliber with a smooth mucosal lining. The gastroesophageal junction is distinct and unremarkable. The stomach has intact mucosal surfaces and the lumen contains approximately 350-mL of tan fluid. No pills or pill fragments are noted. No areas of ulceration or scarring are present in the gastric mucosa. The small and large intestines are unremarkable. The appendix is present. The lobular, tan pancreas has a normal but pale appearance. There are no areas of necrosis, gross hemorrhage, or space-occupying lesions. The pancreatic ducts

AUTOPSY REPORT

-8-

WILLIAM DEBOSE
2020-1949-26

are patent and of normal caliber. The 1850-gram liver has an intact capsule covering pale, red-tan parenchyma. No localizing masses or other lesions are evident on external or cut surfaces. The intrahepatic and extrahepatic ducts are patent and of normal caliber. The gallbladder contains a trace amount of dark green bile and no stones.

GENITOURINARY SYSTEM:

The right kidney weighs 140-grams and the left kidney weighs 160-grams. The capsules strip without difficulty and the cortical surfaces are smooth and pale. The cortices are delineated from the medullae. The renal vessels are patent. The urinary bladder contains approximately 100-mL of urine. The mucosa is unremarkable. The prostate gland is normal appearing on sectioning. The testes are free of trauma or significant natural disease processes.

HEMATOPOIETIC SYSTEM:

The 80-gram spleen has a smooth, intact capsule. The parenchyma is red-purple in color and uniform in consistency. The regional lymph nodes are grossly unremarkable.

ENDOCRINE SYSTEM:

The adrenal and pituitary glands are unremarkable. The thyroid gland is unremarkable externally and sectioning shows an absence of lesions.

NECK:

There is no hemorrhage into the strap muscles of the anterior neck. The thyroid cartilage and hyoid bone are intact. The cervical spine is free of injury. The upper airway is patent.

MUSCULOSKELETAL SYSTEM:

Major muscle groups demonstrate no atrophic changes and are symmetrical in development. The exposed axial and appendicular skeleton are unremarkable.

NERVOUS SYSTEM:

AUTOPSY REPORT

-9-

WILLIAM DEBOSE
2020-1949-26

The scalp is reflected in the usual manner revealing an absence of hemorrhage. The brain weighs 1240-grams and is externally

unremarkable. It is symmetrical and has the usual anatomic landmarks. The blood vessels at the base of the brain are intact and free of atherosclerosis. Multiple coronal sections of cerebrum, cerebellum, and brainstem reveal an absence of significant natural disease processes.

MICROSCOPIC DESCRIPTION

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

ADDITIONAL PROCEDURES

Photographic and radiographic images and fingerprints are obtained at the time of the autopsy. Pulled head hair is retained as a DNA exemplary due to likely blood transfusion.

Law enforcement and crime laboratory personnel are present for the external portion of the autopsy.

One projectile is recovered and turned over to the crime laboratory, along with any collected trace evidence

SPECIMENS

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

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

-END OF REPORT-