COUNTY OF LOS ANGELES

CASE REPORT

DEPARTMENT OF CORONER

1

APPARENT MODE: HOMICIDE

CASE NO: 2013-07561

SPECIAL CIRCUMSTANCES: At Work, Gunshot Wound, Law Enforcement Related, Media Interest, Victim of Crime, Officer Involved

CRYPT: 99

LAST, FIRST MIDDLE: HERNANDEZ, GERARDO ISMAEL

AKA:

#:

ADDRESS	CITY	STATE	ZIP
11528 AMIGO AVENUE	PORTER RANCH	CA	91326

SEX	RACE APPEARS	DOB	AGE	HGT	WGT	EYES	HAIR	TEETH	FACIAL HAIR	ID VIEW	CONDITION
MALE	HISPANIC/LATIN AMERICAN	11/10/1973	39	68 in.	211 lbs.	BROWN	BALD	ALL NATURAL TEETH	BEARD	Yes	FAIR

MARK TYPE: MARK LOCATION: MARK DESCRIPTION:

NOK [redacted]	ADDRESS [redacted]	CITY [redacted]	STATE [redacted]	ZIP [redacted]

RELATIONSHIP [redacted]	PHONE [redacted]	NOTIFIED BY	DATE	TIME
			11/1/2013	

SSN	DL ID	STATE	PENDING BY
XXXX - XX - [redacted]	[redacted]	CA	

ID METHOD: CALIFORNIA DRIVER'S LICENSE

LA #	MAIN #	CII #	FBI #	MILITARY #	POB
		A26377691			EL SALVADOR

IDENTIFIED BY NAME (PRINT)	RELATIONSHIP	PHONE	DATE	TIME
KRISTY MCCRACKEN	NONE	(323) 343-0714	11/1/2013	20:10

PLACE OF DEATH / PLACE FOUND	ADDRESS OR LOCATION	CITY	ZIP
HOSPITAL LAC/HARBOR-UCLA MEDICAL CNTR	1000 WEST CARSON STREET	CARSON	90502

PLACE OF INJURY	AT WORK	DATE	TIME	LOCATION OR ADDRESS	ZIP
LOS ANGELES INTERNATIONAL AIRPORT	Yes	11/1/2013	09:20	380 WORLD WAY, LOS ANGELES, CA	90045

DOD	TIME	FOUND OR PRONOUNCED BY
11/1/2013	11:00	DR. DAVID PLURAD

OTHER AGENCY INV. OFFICER	PHONE	REPORT NO.	NOTIFIED BY	NO
FBI - AGENTS RICHTER & TRIGG	[redacted]			

TRANSPORTED BY	TO	DATE	TIME
ALFRED SCOTT	LOS ANGELES FSC	11/1/2013	19:05

FINGERPRINTS?	Yes	CLOTHING	No	PA RPT	No	MORTUARY	MISSION HILLS CATHOLIC - MTY
MED. EV.	No	INVEST. PHOTO #	31	SEAL TYPE	NOT SEALED	HOSP RPT	Yes
PHYS. EV.	Yes	EVIDENCE LOG	Yes	PROPERTY?	No	HOSP CHART	Yes
SUICIDE NOTE	No	GSR NO	C8355	RCPT. NO.	269421	PF NO.	2695091

SYNOPSIS

ACCORDING TO THE REPORTED INFORMATION, THE DECEDENT IS A 39 YEAR-OLD HISPANIC MALE. ON FRIDAY 11/01/2013 AT APPROXIMATELY 0900 HOURS, THE SUSPECT ENTERED LAX CARRYING A LARGE BAG. THE SUSPECT PULLED OUT A RIFLE AND BEGAN SHOOTING AT THE DECEDENT AND OTHER PEOPLE IN TERMINAL 3. OFFICERS THEN RETURNED FIRE. THE DECEDENT WAS TRANSPORTED TO HARBOR-UCLA MEDICAL CENTER VIA AMBULANCE. DESPITE LIFE-SAVING EFFORTS, DR. DAVID PLURAD DETERMINED DEATH ON FRIDAY 11/01/2013 AT 1100 HOURS. THE SUSPECT WAS TRANSPORTED TO A LOCAL HOSPITAL AND IT IS UNKNOWN IF HE IS GOING TO SURVIVE. THE OTHER VICTIMS WERE ALSO TRANSPORTED TO LOCAL HOSPITALS AND THERE CONDITIONS ARE UNKNOWN.

KRISTY MCCRACKEN 491917	INVESTIGATOR	DATE / TIME	REVIEWED BY	DATE / TIME
		11/2/2013 00:20	LARRY DIETZ	11/2/2013 05:11

FORM #3 NARRATIVE TO FOLLOW? ☑

County of Los Angeles, Department of Coroner
Investigator's Narrative

Case Number: 2013-07561 Decedent: HERNANDEZ, GERARDO ISMAEL

Information Sources:

(1) Los Angeles County Medical Examiner-Coroner's Office (323)343-0714
Assistant Chief Ed Winter

(2) Harbor-UCLA Medical Center-Record #2695091 (310)222-2345
1000 West Carson Street Carson CA 90502

Investigation:

On Friday 11/01/2013 at 1141 hours, Dr. Kathy Palatnik from Harbor-UCLA Medical Center called the Los Angeles County Medical Examiner-Coroner's Office to report a homicidal death of a 39 year-old Hispanic male that had sustained multiple gunshot wounds while at work as a Transportation Security Administration Officer at the Los Angeles International Airport. On Friday 11/01/2013 at 1545 hours, Lieutenant David Smith assigned this case to me. I arrived on-scene at Harbor-UCLA Medical Center at 1605 hours and I cleared the scene at 1745 hours. The suspect is in custody at a local hospital and the weapon is in custody.

Location:

The incident occurred at Terminal 3 at the Los Angeles International Airport located at 380 World Way, Los Angeles CA, 90045.

The decedent died at Harbor-UCLA Medical Center located at 1000 West Carson Street, Carson CA, 90502.

Informant/Witness Statements:

The following information is preliminary pending further investigation by the Federal Bureau of Investigations and other handling law enforcement agencies.

I spoke with Assistant Chief Winter at Harbor-UCLA Medical Center and he told me the following:

On Friday 11/01/2013 at approximately 0900 hours, the decedent was working as a Transportation Security Administration Officer at the Los Angeles International Airport in Terminal 3. The suspect walked in through the departure area and pulled out an automatic rifle from out of a bag that he was carrying. The suspect then shot at the decedent multiple times and shot at other people in Terminal 3. Transportation Security Administration Officers then shot back at the decedent. Paramedics were summoned and the decedent was transported to Harbor-UCLA Medical Center where death was determined. Multiple shots were fired. The suspect had a plane ticket, unknown to where, and a note was also found amongst the suspect's possessions stating something to the effect of "Fuck the police and TSA". The suspect and other victims were also transported to local hospitals. The suspect is in grave condition and the conditions of the other victims are unknown at the time of completion of this report.

According to the Harbor-UCLA Medical Center records, on Friday 11/01/2013 at 1015 hours, the decedent arrived in the emergency room in full cardiac arrest after sustaining a gunshot wound to his right axillary, right arm, and 5 to his right flank. Upon arrival, the decedent was already intubated, and the decedent was given a dose of Epinephrine. A right chest tube was placed, and a left clamshell thoracotomy was completed on the decedent to repair a right ventricular injury. Internal cardiac massage was then completed on the decedent while being transferred to the operating room. The decedent was also defibrillated twice with 50 joules internally, and was given 4 doses of intracardiac Epinephrine, and 2 doses of intracardiac Vasopressin. At 1040 hours, the decedent then underwent an exploratory laparotomy and the decedent received a massive transfusion. It was discovered that the decedent had a "total IVC transection, aortic injury, and multiple bowel injury". Despite life-saving efforts, Dr. David Plurad determined death on Friday 11/01/2013 at 1100 hours.

County of Los Angeles, Department of Coroner
Investigator's Narrative

Case Number: 2013-07561 Decedent: HERNANDEZ, GERARDO ISMAEL

Scene Description:

This was a hospital case, so I did not visit the scene.

Evidence:

On Friday 11/01/2013 at 1630 hours, I used GSR Kit #C8355 on both of the decedent's hands in the morgue at Harbor-UCLA Medical Center. On Friday 11/01/2013 at 1635 hours, I collected hair standards from the decedent's chest, arms, and face in the morgue at Harbor-UCLA Medical Center. I later booked GSR Kit #C8355 and the hair standards at the Forensic Services Center as evidence.

Body Examination:

The decedent is a 39 year-old Hispanic male with a shaved head, brown eyes, he has a goatee, and he has all of his upper and lower natural teeth. No scars or tattoos were noted. The decedent was nude, lying supine on a metal table in crypt #3B in the morgue at Harbor-UCLA Medical Center. The decedent was intubated with 2 tubes, which were held in place with tape. There was an EKG patch on the top of his right shoulder and there was another EKG patch on his outer left shoulder. There was an IV in his right clavicle. There was an IV in his inner right elbow and there was an IV in his inner left elbow. There was a recent horizontal incision closed with stitches across the lower portion of his chest. There was a recent vertical incision closed with stitches down the central portion of his abdomen. There was a chest tube in the upper right side of his torso. There was a pulse oximeter on the tip of his right index finger. There was an IV in the right side of his groin and the decedent had a catheter. There was an apparent gunshot wound to the outer central portion of his right arm and there was a piece of cloth held in place with tape covering an apparent gunshot wound to his inner right arm. There was a piece of cloth held in place with tape covering an apparent gunshot wound to the right central portion of his torso. There was a bruise to the lower right side of his torso. There was an apparent gunshot wound to his outer right waist with bruising around it. There were 2 apparent gunshot wounds to his outer right hip with bruises around them. There were 4 apparent gunshot wounds to his outer right buttock with bruising around them and there was another apparent gunshot wound to the upper central portion of his right buttock. There were 3 apparent gunshot wounds to the lower outer right portion of his back. There was also bruising to the right side of his groin. There were 2 apparent gunshot wounds to the left side of his groin. There was bruising to the left side of his groin, extending to the lower left side of his abdomen and down to the front upper portion of his left thigh. Rigor mortis was absent. Lividity was consistent with the position found, on his back, and blanched with pressure. The hospital ID bands around his right wrist and around his left ankle had the medical record # "269-50-91" on them.

Identification:

On Friday 11/01/2013 at 2010 hours, I positively identified the decedent as Gerardo Ismael Hernandez with a DOB of 11/10/1973 by a print-out of his facial photograph for his California Driver's license at the Forensic Services Center.

Next of Kin Notification:

On Friday 11/01/2013 at an unknown time, [redacted], the decedent's wife, was notified of her husband's death. When I spoke with Mike Madrigal, the decedent's co-worker, over the phone, he confirmed this information. I have not spoken with [redacted] at the time of completion of this report.

Tissue Donation:

I did not discuss tissue donation with the decedent's family.

County of Los Angeles, Department of Coroner
Investigator's Narrative

Case Number: 2013-07561 Decedent: HERNANDEZ, GERARDO ISMAEL

Exam Notification:

There are no exam notifications regarding this case.

KRISTY MCCRACKEN #491917

SUPERVISOR

11/08/13

Date of Report

COUNTY OF LOS ANGELES

PRELIMINARY EXAMINATION REPORT - FIELD

DEPARTMENT OF CORONER

6

WAS ORIGINAL SCENE DISTURBED BY OTHERS? Y [ ] N [ ]
IF YES, NOTE CHANGES IN NARRATIVE FORM #3.

DATE 11/01/13

AMBIENT #1 ____ °F TIME ____
AMBIENT #2 ____ °F NOT TIME ____
WATER ____ °F TIME ____

LIVER TEMPERATURE #1 ____ °F TAKEN TIME ____
LIVER TEMPERATURE #2 ____ °F TIME ____

2013-07561
HERNANDEZ, GERARDO
Homi-GSW
THERMOMETER # ____

DATE & TIME FOUND 11/01/13 0900 LAST KNOWN ALIVE 11/01/13 0900

APPROX. AGE 39 SEX M EST. HEIGHT 68 EST. WEIGHT 211 CLOTHED? YES ☐ NO ☒ IF YES, DESCRIBE:

None

DESCRIPTION AS TO WHERE REMAINS FOUND AND CONTACT MATERIAL TO BODY

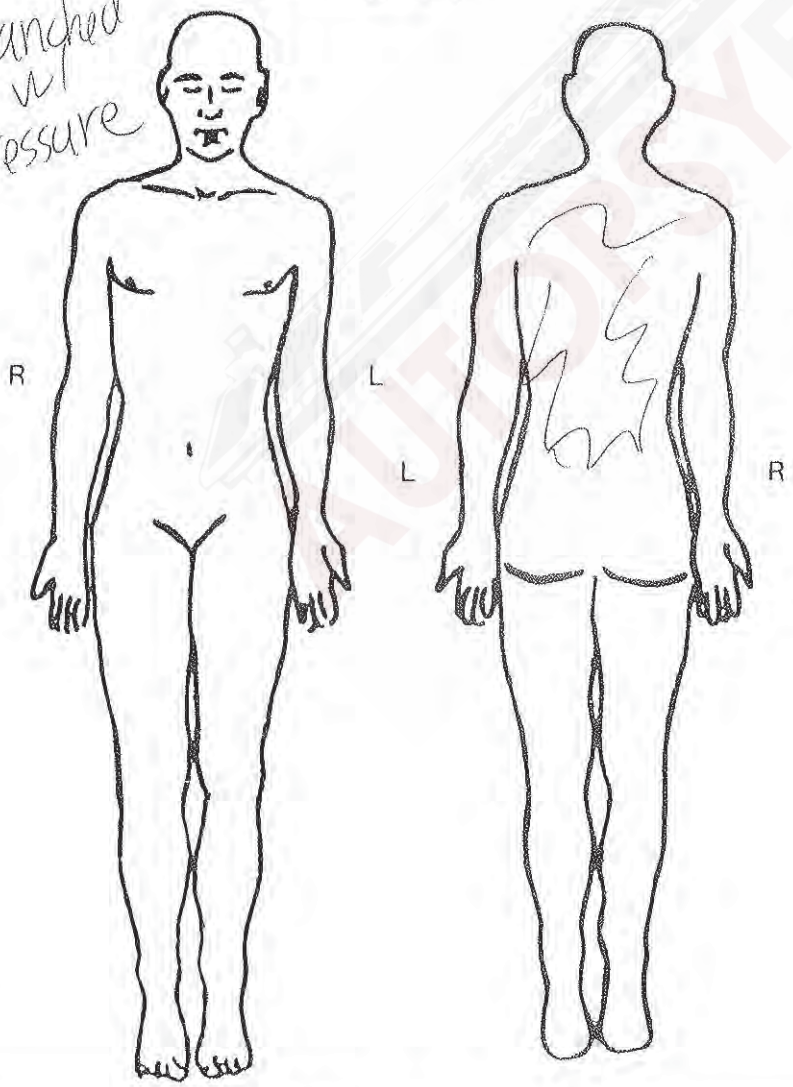
Lying supine on a metal table

SCENE TEMPERATURE REGULATED? YES ☒ NO ☐ IF YES, THERMOSTAT SET AT UNK DEGREES F

LIVOR MORTIS TIME OBSERVED UNK

RIGOR MORTIS TIME OBSERVED UNK

Blanched w/ Pressure



NECK FLEXION

ANTERIOR 0
POSTERIOR 0
RT LATERAL 0
LT LATERAL 0

JAW	0	HIP	0
SHOULDER	0	KNEE	0
ELBOW	0	ANKLE	0
WRIST	0		

SCALE
0 ABSENT/NEGATIVE
1 .
2 .
3 .
4 EXTREME DEGREE

USE SCALE TO DESCRIBE INTENSITY OF RIGOR MORTIS

SHADE DIAGRAMS TO ILLUSTRATE THE LOCATION OF LIVOR MORTIS

DESCRIBE INTENSTIY OF COLORATION AND WHETHER LIVOR MORTIS IS PERMANENT OR BLANCHES UNDER PRESSURE

K. McCracken #491917
CORONER'S INVESTIGATOR

REVIEWED BY

76P536 12/93 PS 7 85

NOTE: ALL DATA COLLECTED FOR THIS FORM MUST BE COLLECTED AT SCENE

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

12

AUTOPSY REPORT

No. 2013-07561

HERNANDEZ, GERARDO

I performed an autopsy on the body of

at THE DEPARTMENT OF CORONER

Los Angeles, California on November 2, 2013 (Date) 07:50 (Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) MULTIPLE GUNSHOT WOUNDS

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

DUE TO OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

Anatomical Summary:

I. Decedent status post multiple penetrating and perforating gunshot wounds consistent with a high powered rifle including a perforating gunshot wound through the right arm into the right lateral torso, a grouping of six penetrating gunshot wounds of the right lower back/buttock, a grouping of four penetrating gunshot wounds involving the right lateral/posterior hip region, and a gunshot wound of the right lateral/anterior hip with subsequent exit/re-entry through the left inguinal region; a total of twelve separate gunshot wounds identified.

A. Forty bullet/fragments recovered and submitted to FBI in eight separate envelopes.
B. Graze type injury to posterior left ventricle of heart.
C. Sixteen separate perforating injuries to the gastrointestinal tract.
D. Complete transection through the abdominal aorta.
E. Transection of lower thoracic/upper lumbar spinal cord with concomitant destructive injury to spinal column.
F. Subtotal obliteration of upper pole of the right kidney
G. Graze type injury to right lobe of liver
H. Contusional injury to lungs
I. Perforating injuries to bladder
J. Extensive pelvic injury of right hemipelvis.

12 AUTOPSY REPORT

No. 2013-07561

HERNANDEZ, GERARDO

INJURY DATE/DATE OF DEATH: 11/1/13

CIRCUMSTANCES:
Please see Investigator's Report.

EXTERNAL EXAMINATION:
The body is identified by toe tags and is that of an unembalmed refrigerated adult Hispanic male who appears the reported age of thirty-nine years. The body measures sixty-eight inches in length, weighs two hundred and eleven pounds, and is normally developed. Hydration and nutritional status are grossly normal. Examination of the skin reveals no evidence of jaundice. The skin is free of abrasions, or lacerations. No scars are seen. No burns are present. Tattoos are not present. Rigor mortis is mild/moderate. Livor mortis is slight, fixed and posterior.

The head is normal in size and shape. The scalp hair is shaved. Mustache is absent. Beard is present. Examination of the eyes reveals irides that appear to be brown in color and sclerae that are white. The conjunctivae are not congested. There are no petechial hemorrhages of the conjunctivae of the lids or the sclerae. The oronasal passages are unobstructed. There is no foam in the nares or oral cavity. Upper and lower teeth are present and atraumatic. Frenulae and oral mucosa are intact. No nasal fractures are palpated. Examination of the neck shows no abnormal mobility, fingernail marks, contusions, or abrasions.

There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is not unusual. The genitalia are those of an uncircumcised adult male. The external genitalia are without trauma or lesions. The extremities show no abrasions, lacerations, contusions, immersion wrinkling, edema, joint deformity, abnormal mobility, or needle tracks. No fractures are present.

EVIDENCE OF THERAPEUTIC INTERVENTION:
The following are present and are in the proper position: A right chest tube and Foley catheter are noted. The decedent is status post a thoracotomy and a laparotomy. There has not been post mortem intervention for organ procurement.

CLOTHING: None accompany the decedent at the time of autopsy.

TRAUMA:
For purposes of identification and convenience, injuries are arbitrarily numbered and this is not an opinion as to the order in which these wounds were sustained.

GUNSHOT WOUND NUMBER 1:
ENTRANCE: Present involving the right lateral/posterior upper arm, located 10 ⅛ inches from the tip of the shoulder, is an entrance gunshot wound. The wound is 3/16 in diameter with an eccentric abrasion collar surrounding the injury measuring up to ¼ inch on the inferior margin. No carbonaceous debris, stippling, or soot like material is identified.
EXIT: Present to the inner aspect of the right biceps/triceps region is a large exit defect, elliptically oriented, measuring 1 ⅛ inches by 2 ½ inches. There are several irregular macrolacerations that emanate radially from the injury. The edges are everted, and muscle protrudes from the defect.
RE-ENTRY: Present to the right lateral torso is a corresponding re-entry gunshot wound. The injury proper is located 21 ⅛ inches from the top of the head, 8 ½ inches right from the anterior midline, and measures 2 inches by 2 ½ inches in dimension. A slight surrounding vague abrasion collar measuring 1/8 in greatest thickness is noted.
PATH: The projectile passes through the right lateral chest, resulting in extensive disruption of the cartilaginous portions of ribs nine through twelve. There is associated contusion to the lower lobe of the right lung, measuring up to 15 centimeters in dimension. The heart is noted to lie free from the pericardial sac, and there is a 2 by 4 centimeter defect to the

posterior left ventricle, which has been previously oversewn. Examination of the defect reveals a 2 by 3 millimeter communication with the ventricular cavity. There is also contusional injury to the undersurface of the lingula and lower lobe of the left lung, also measuring up to 15 centimeters in greatest dimension, respectively. Associated with the gunshot wound is approximately 25 c.c. of liquid serosanguinous fluid within the pleural spaces bilaterally.

TRAJECTORY: The bullet travels right to left, with other directionality unable to be ascertained.

RECOVERY OF PROJECTILE: No definitive projectile is recovered.

GUNSHOT WOUND NUMBER 2:

ENTRANCE: Present to the right hip region, located 29 inches from the top of the head and 8 inches right of the anterior midline is an elliptically shaped entrance gunshot wound defect. The injury proper measures 1/8 by 3/16 inches in dimension with a 1/8 inch abrasion collar located on the lateral margin. No carbonaceous debris, stippling, or soot like material is identified.

EXIT: Present to the left inguinal region, located 35 inches from the top of the head, is an exit defect measuring 3/16 inches in rough dimension. Several small microlacerations radiate radially from the injury, and the edges are slightly everted.

RE-ENTRY: Present lateral and adjacent to the aforementioned exit defect, located 36 ¼ inches from the top of the head, is a re-entry defect. The injury proper measures 3/16 in dimension and has a slight abrasion collar measuring up to 1/16 in thickness.

PATH: The projectile passes through the skin and soft tissues of the anterior pelvic region with fracture of the right bony pelvis. There are multiple perforating defects to the bladder. No vascular structures are impacted by the projectile. Associated with the gunshot wound is a large, geographic, band like area of contusion extending across the lower abdominal region in a horizontal fashion, measuring from 3 to 8 inches

vertically, and up to 24 inches horizontally. Multiple hospital sponges pack the pelvic and abdominal cavity (18 in total.)
TRAJECTORY: The projectile travels right to left and slightly downward.
RECOVERY OF PROJECTILE: A moderately deformed, green tipped .223/5.56 projectile is recovered from the left hip/femoral region.

GUNSHOT WOUNDS NUMBERS THREE THROUGH EIGHT:
ENTRANCES: Present to the right lower back region and adjacent buttock region is a grouping of six separate entrance gunshot wounds. Respectively, they are located: 24 inches from the top of the head, 2 inches right of the posterior midline, measuring 3/16 inch in rough diameter, and having an eccentric abrasion collar located inferior and lateral measuring up to 3/16 inch; 26 inches from the top of the head, 1 ¾ inches right of the posterior midline, measuring 3/16 inch in rough diameter, and having an eccentric abrasion collar located inferior and lateral measuring up to 3/8 inch; 26 1/2 inches from the top of the head, 4 3/4 inches right of the posterior midline, measuring 1/8 by 3/16 inch in rough diameter/horizontally oriented, and having an eccentric abrasion collar located inferior and lateral measuring up to 1/8 inch; 26 ¾ inches from the top of the head, 7 inches right of the posterior midline, measuring 1/8 by 3/16 inch in rough diameter, and having an eccentric abrasion collar located inferior and lateral measuring up to 1/8 inch; 27 3/8 inches from the top of the head, 8 inches right of the posterior midline, measuring 1/8 by 3/16 inch in rough diameter/horizontally oriented, and having an eccentric abrasion collar located inferior and lateral measuring up to 1/4 inch; 30 inches from the top of the head, 3 1/2 inches right of the posterior midline, measuring 3/16 inch in rough diameter, and having an eccentric abrasion collar located inferior and lateral measuring up to 1/8 inch. All of the entrance gunshot wounds show no carbonaceous debris, stippling, or soot like material identified.
EXITS: No exit wounds are noted.

PATHS: The projectiles result in extensive bony trauma to the right pelvis. As previously stated, there are approximately 4 perforating defects to the bladder. Other injuries include 16 perforating defects to the small and large bowel, a complete transection of the proximal internal rectum, a bisection through the body of the pancreas, a complete transection of the abdominal aorta distal to the superior mesenteric artery, extensive spinal cord(transection)/spinal column injury from approximately T-9 through L-2, subtotal obliteration of the upper pole of the right kidney and approximately 3 separate graze type injuries to the posterior aspects of the right lobe of the liver ranging in size from 5 to 10 cm. Varying areas of contusion are also noted surrounding the entrance wounds.
TRAJECTORIES: All six gunshot wounds are probed, and they display similar trajectories that travel from right to left, upward, and from back to front.
RECOVERY OF PROJECTILES AND PROJECTILE FRAGMENTS: As previously stated, 40 (in total) fragments/jackets/projectiles are recovered from the pelvic/abdominal cavity, the soft tissues of the torso (including the back), the spine, and pelvis and are consistent with .223/5.56 rifle projectiles.

GUNSHOT WOUNDS NUMBERS NINE THROUGH TWELVE:
ENTRANCES: Present to the right posterior lateral hip region is a group of four separate entrance gunshot wounds. They are located respectively: 32 ⅜ inches from the top of the head measuring 3/16 inch in diameter and having a 1/8 inch eccentric abrasion collar; 33 1/2 inches from the top of the head measuring 3/16 inch in diameter and having a 1/8 inch eccentric abrasion collar; 34 1/2 inches from the top of the head measuring 1/8 by 3/16 inch in diameter and having a 1/8 inch eccentric abrasion collar; 35 1/2 inches from the top of the head measuring 1/8 by 3/16 inch in diameter and having a 1/8 inch eccentric abrasion collar; (these four gunshot wounds are located from 6 to 9 inches right of the posterior midline.) No carbonaceous debris, stippling, or soot like material is noted.
EXITS: No exit wounds are noted.

PATHS: Please refer to the aforementioned gunshot wounds as described above.
TRAJECTORIES: All four gunshot wounds are probed, and they display similar trajectories that travel from right to left, upward, and from back to front.
RECOVERY OF PROJECTILES AND PROJECTILE FRAGMENTS: As previously stated, 40 (in total) fragments/jackets/projectiles are recovered from the pelvic/abdominal cavity, the soft tissues of the torso (including the back), the spine, and pelvis and are consistent with .223/5.56 rifle projectiles.

INITIAL INCISION:
The body cavities are entered through the standard coronal incision and the standard Y-shaped incision. No foreign material is present in the mouth, upper airway, and trachea.

NECK:
The neck organs are removed en bloc with the tongue. No lesions are present nor is trauma of the gingiva, lips, or oral mucosa demonstrated. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs investing fascia, strap muscles, thyroid, or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma. No fractures of the cervical vertebrae are present.

CHEST/ABDOMINAL CAVITY:
There are no pleural adhesions. Bloody fluid is present in the pleural cavities as previously described. The parietal pleurae are intact. Soft tissues of the thoracic and abdominal walls are well-preserved. The organs of the abdominal cavity have a normal arrangement and none are absent. Ascites is not present. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW:

Note: The conditions appearing in the Anatomic Summary and Description of Injuries are not necessarily repeated in the Systemic Review. The systemic review is, in essence, a description of the decedent prior to sustaining injuries. All diagrams and descriptions are made using the standard anatomic position at all times.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the uninjured bony framework or muscles are identified.

CARDIOVASCULAR SYSTEM:

The thoracic and abdominal aorta have no atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serous fluid.

The heart weighs 375 grams. It has a normal configuration. The cardiac silhouette is not globular and the myocardium is not flabby. The right ventricle is 0.2 cm, the interventricular septum is 1.1 cm in thickness, and the left ventricle is 1.2 cm in thickness. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. No cardiac valve vegetations are present. Circumferences of the valve rings are within normal limits. There is no endocardial discoloration. There are no infarcts or lesions of the myocardium. There is no abnormality of the apices of the papillary musculature. There are no defects of the septum. The great vessels enter and leave in a normal fashion. The ductus arteriosus cannot be probed. The coronary ostia are patent, located at or below the sinotubular junction and are relatively centrally located within their respective sinuses. The coronary artery distribution is right dominant.

Serial sectioning of the coronary arteries show minimal atherosclerosis.

RESPIRATORY SYSTEM:
Scant secretions are found in the upper respiratory and lower bronchial passages. No froth or soot is present in the upper or lower airway. The mucosa is intact and pale. The lungs are subcrepitant and there is dependent congestion. The right lung weighs 425 grams and the left lung weighs 325 grams. The visceral pleurae are smooth and intact. The pulmonary vasculature is without thromboembolism. There is no evidence of pulmonary infarction.

GASTROINTESTINAL SYSTEM:
The esophagus is intact throughout. Esophageal varices are not present. The stomach contains approximately 400 cc of dark brown pasty contents (cannot identify types of food). The mucosa is unremarkable. Portions of tablets and capsules cannot be discerned in the stomach. The small intestine and colon are unremarkable. The appendix is present and normal. The pancreas occupies a normal position, although bisected. There is no necrosis or trauma. There is no evidence of pancreatic fibrosis or of pancreatitis.

HEPATOBILIARY SYSTEM:
The liver weighs 1450 grams, is of average size, and is red-brown in color. The capsule is relatively intact and the consistency of the parenchyma is firm. The cut surface is smooth. There is no evidence of cirrhosis. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable. It contains a moderate amount of bile and no calculi.

URINARY SYSTEM:
The right kidney weighs 75 grams and the left kidney weighs 175 grams. The kidneys are normally situated and the capsules strip easily revealing a surface that is smooth and glistening. The corticomedullary demarcation is preserved. The pyramids are not

remarkable. The peripelvic fat is not increased. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It is devoid of urine.

GENITAL SYSTEM:
The prostate is without enlargement or nodularity. Both testes are in the scrotum and are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:
The spleen weighs 75 grams and is of average size. The capsule is intact. The parenchyma is dark red and soft. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the rib is unremarkable.

ENDOCRINE SYSTEM:
The thyroid, adrenal, and pituitary glands are unremarkable. The parathyroid glands are not identified. The thymus is the usual appearance for the age.

SPECIAL SENSES:
The eyes are not dissected. The middle and inner ear are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:
There is no subcutaneous, subgaleal, or subperiosteal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage.

The brain weighs 1450 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved.

Cerebral contusions are not present. The ventricular system has a normal appearance without dilation or distortion. Pons, medulla, and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cerebral arteries are without arteriosclerosis.

SPINAL CORD:
The cord is transected, as previously described.

EVIDENCE COLLECTION:
As previously stated, 40 separate bullet/fragments are recovered and are submitted to the FBI in 8 separate envelopes.

HISTOLOGIC SECTIONS:
Representative sections from various organs are preserved in one storage jar.

TOXICOLOGY:
Samples of heart and femoral blood, urine, and vitreous are submitted to the laboratory for homicide screen. An EDTA tube is collected for blood typing.

SPECIAL PROCEDURES:
None.

PHOTOGRAPHY:
At scene photos are available. Photographs have been taken prior to the course of the autopsy as well as at the autopsy itself.

RADIOLOGY:
x-rays are taken.

WITNESSES:
FBI Gail Paresa (#8473)

12 AUTOPSY REPORT

No. 2013-07561

HERNANDEZ, GERARDO

DIAGRAMS USED:

Diagram forms #20 and #21 were used during the performance of the autopsy. Coroner diagrams are not intended to be facsimiles nor are they drawn to scale.

Mark A Fajardo, M.D. 11/13/13

Mark A. Fajardo, M.D. Date

Chief Medical Examiner-Coroner

COUNTY OF LOS ANGELES

MEDICAL REPORT

DEPARTMENT OF MEDICAL EXAMINER-CORONER

15

AUTOPSY CLASS: ☒ A ☐ B ☐ C ☐ Examination Only D

☐ FAMILY OBJECTION TO AUTOPSY

Date: 11/2/13 Time: 7:50 Dr. FAJARDO (Print)

FINAL ON: 11/2/13 **By:** M. FAJARDO (Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2013-07561
HERNANDEZ, GERARDO
HOMI

99

Age: ____ Gender: Male / Female

DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:

(A) multiple gunshot wounds.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

☐ **NATURAL** ☐ **SUICIDE** ☒ **HOMICIDE**

☐ **ACCIDENT** ☐ **COULD NOT BE DETERMINED**

If other than natural causes,
HOW DID INJURY OCCUR? _____

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☒ YES ☐ NO

TYPE OF SURGERY: Thoracotomy / laparotomy DATE: 11/1/13

☐ ORGAN PROCUREMENT ☐ TECHNICIAN: _____

PREGNANCY IN LAST YEAR ☐ YES ☐ NO ☐ UNK ☒ NOT APPLICABLE

☒ WITNESS TO AUTOPSY
FBI

☒ EVIDENCE RECOVERED AT AUTOPSY
Item Description:
40 Bullets / Frags in
8 separate envelops.
Delivered to FBI
Gail Paresa # 8473

RESIDENT

DME

PRIOR EXAMINATION REVIEW BY DME

☒ BODY TAG ☐ CLOTHING
☒ X-RAY (No. 19) ☒ FLUORO
☐ SPECIAL PROCESSING TAG ☒ MED. RECORDS
☒ AT SCENE PHOTOS (No. 31)

CASE CIRCUMSTANCES

☐ EMBALMED
☐ DECOMPOSED
☐ >24 HRS IN HOSPITAL
☐ OTHER: _____ (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: M. FAJARDO
SOURCE: Fem

TOXICOLOGY SPECIMEN

COLLECTED BY: M. FAJARDO

☐ HEART BLOOD ☐ STOMACH CONTENTS
☐ FEMORAL BLOOD ☒ VITREOUS
TECHNIQUE: _____
☒ CHEST BLOOD ☐ SPLEEN
☐ _____ BLOOD ☐ KIDNEY
☒ BILE ☐ _____
☐ LIVER ☐ _____
☐ URINE ☐ _____

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY: _____

HISTOLOGY

☐ Regular (No. _____) ☐ Oversize (No. _____)
Histopath Cut: ☐ Autopsy ☐ Lab

TOXICOLOGY REQUESTS

FORM 3A: ☐ YES ☐ NO
☐ NO TOXICOLOGY REQUESTED
SCREEN ☐ C ☒ H ☐ T ☐ S ☐ D
☐ ALCOHOL ONLY
☐ CARBON MONOXIDE
☐ OTHER (Specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

☐ POLICE REPORT ☐ MED HISTORY
☐ TOX FOR COD ☐ HISTOLOGY
☐ TOX FOR R/O ☐ INVESTIGATIONS
☐ MICROBIOLOGY ☐ EYE PATH. CONS.
☐ RADIOLOGY CONS.
☐ CONSULT ON: _____
☐ BRAIN SUBMITTED
☐ NEURO CONSULT ☐ DME TO CUT
☐ CRIMINALISTICS
☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER

WHITE - File Copy **CANARY** - Forensic Lab **PINK** - Certification **GOLDENROD** - DME (Rev. 9/13)

16

2013-07561
HERNANDEZ, GERARDO
HOM

99

EXTERNAL EXAM (2) CS / Foley.
- Sex MALE
- Race Hisp
- Age
- Height
- Weight
- Hair Shaved — Base 1/2
- Eyes Brown
- Sclera Clear
- Teeth Good
- Mouth Al
- Tongue A
- Nose M
- Chest Slo (L) thoracotomy / GSW (R) lat mal
- Breasts —
- Abdomen Lap
- Scar —
- Genital Uncirc ?? swollen
- Edema —
- Skin Lac
- Decub 0

HEART Wt. 375
- Pericard
- Hypert
- Dilat
- Muscle
- Valves
- Coronar

RV 0.2
LV 0.2
Septum 1.1

AORTA
VESSELS
LUNGS Wt 425
- R
- L — 325
- Adhes
- Fluid
- Atelectasis
- Oedema
- Congest
- Consol
- Bronchi
- Nodes

PHARYNX
TRACHEA
THYROID
THYMUS
LARYNX
HYOID
ABDOMINAL WALL FAT

PERITONEUM
- Fluid
- Adhes

LIVER Wt — 1450
- Caps
- Lobul
- Fibros
- G B
- Calc
- Bile ducts

SPLEEN Wt 75
- Color
- Consist
- Caps
- Malpig

PANCREAS
ADRENALS
KIDNEYS Wt
- R 75
- L — 175
- Caps
- Cortex
- Vessels
- Pelvis
- Ureter

BLADDER
GENITALIA
- Prost
- Testes WNL
- ~~Uterus~~
- ~~Tubes~~
- ~~Ovar~~

OESOPHAGUS
STOMACH
- Contents — 400 TAN / Brn Pasty.

DUOB & SM INT
APPENDIX
LARGE INT
ABDOM NODES
SKELETON — T12-L2 spine
- Spine
- Marrow
- Rib Cage
- Long bones
- Pelvis

SCALP
CALVARIUM
BRAIN Wt 1450
- Dura
- Fluid
- Ventric
- Vessels
- Middle ears
- Other

PITUITARY

SPINAL CORD

TOXICOLOGY SPECIMENS

SECTIONS FOR HISTOPATHOLOGY

MICROBIOLOGY

DIAGRAMS
X-RAYS

OTHER PROCEDURES

GROSS IMPRESSIONS

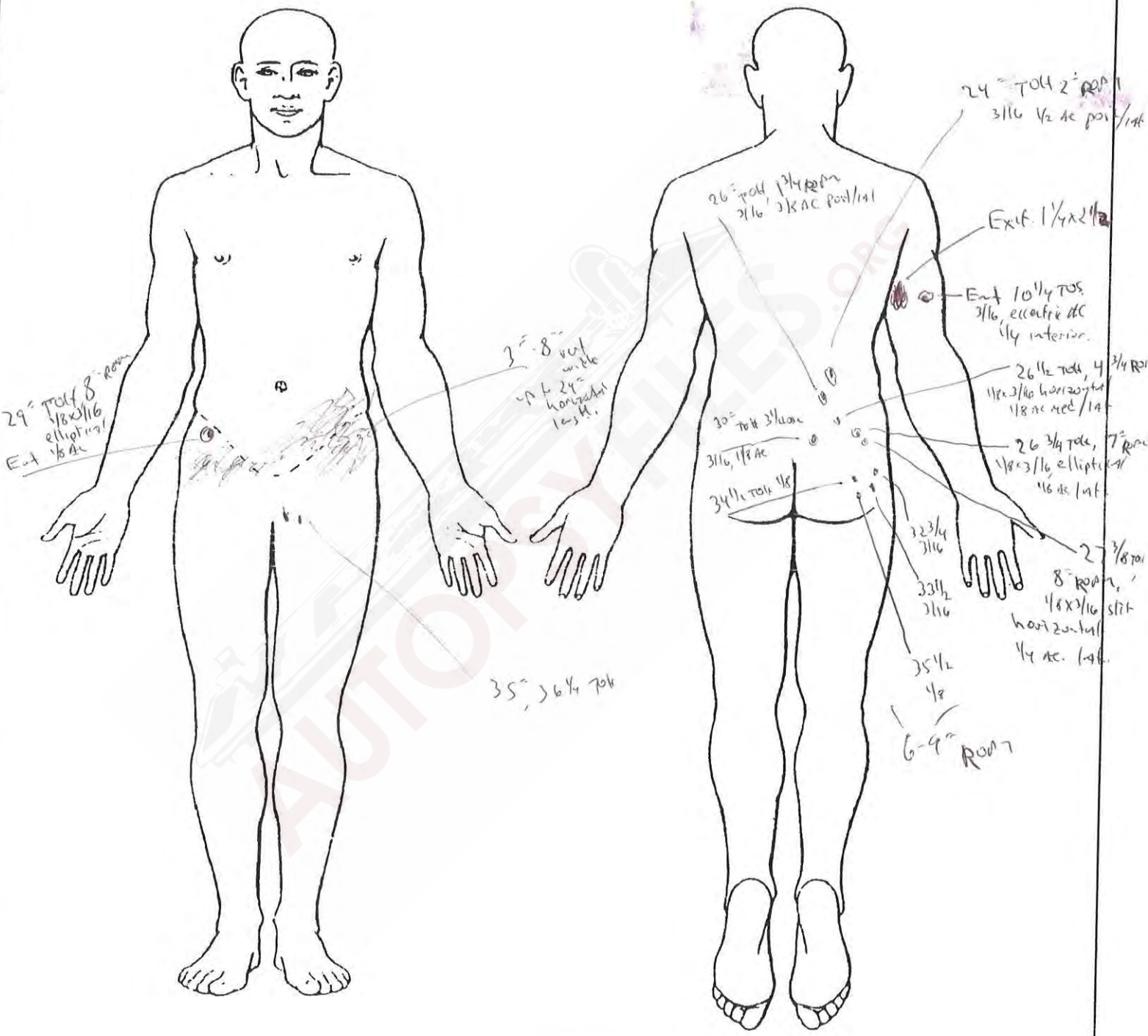
Tx Rectum / Mucus
16 pers GI
18 sponges
20 cm (1) post (2)
Tx Aorta.

Date	Time	Deputy Medical Examiner
11/2/13	07:50.	M. FAJARDO CME-C.

e→ 11:45

20

2013-07561
HERNANDEZ, GERARDO
HOMI
99



Date

M. FAJARDO CME-C
M.D.
Deputy Medical Examiner

(Rev. 7/09)

21

2013-07561
HERNANDEZ, GERARDO
HOMI
99

Rt

Lt

M. FAJARDO LAEC M.D.
Deputy Medical Examiner

FORM 82

GSR DATA SHEET

CORONER CASE #
2013-07561
DECEDENT'S NAME
HERNANDEZ, GERARDO

Incoming Mode

☑ HOMICIDE ☐ SUICIDE ☐ ACCIDENT ☐ UNDETERMINED ☐ OIS

GSR KIT# C8355

COLLECTED AT: ☐ FORENSIC SCIENCE CENTER ☐ SCENE ☑ HOSPITAL

COLLECTOR: Investigator K. McCracken DATE: 11/01/2013 TIME: 16:30

WEAPON WAS IN DECEDENT'S: ☐ LEFT HAND ☐ RIGHT HAND ☑ UNKNOWN

☐ NEITHER, THE WEAPON WAS LOCATED: Unknown

FIREARM – MAKE/MODEL: Unknown

AMMUNITION – BRAND/CALIBER: Unknown

DATE OF SHOOTING: 11/01/2013 AT 09:00 HOURS

LOCATION OF DECEDENT: ☑ INDOORS ☐ OUTDOORS ☐ AUTOMOBILE

LOCATION SHOOTING OCCURRED: Los Angeles International Airport-Terminal 3
380 World Way, Los Angeles CA, 90045

NUMBER OF SHOTS FIRED: Multi

DECEDENT'S ACTIVITY PRIOR TO SHOOTING: Working

DECEDENT'S OCCUPATION: Transportation Security Officer

DECEDENT'S HANDS WERE TOUCHED PRIOR TO GSR COLLECTION BY: ☐ POLICE

☐ FAMILY ☑ PARAMEDICS ☐ HANDCUFFED ☑ OTHER: Hospital Personnel

NOTES/COMMENTS :

REV. 03/2011 ORIGINAL FORM (MEDICAL FILE) FORM SAVE- G:DRIVE↵ INVESTIGATIONS↵ GSR FORM 82 ↵ = enter