

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Fax (405) 239-2430

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 582-0985 Fax (918) 585-1549

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) SKYLA WHITAKER	Age 11	Birth Date 4/5/1997	Race WHITE	Sex F
---	-----------	------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State
PO BOX 63, HENRYETTA, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) BEN ROSSER @ OSBI	DATE 6/8/2008	TIME 19:47
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INJURED OR BECAME ILL AT (ADDRESS) 1.1 MI NORTH OF COLEMAN RD ON COUNTY RD 5424	CITY WELEETKA	COUNTY OKFUSKEE	TYPE OF PREMISES DITCH	DATE 6/8/2008	TIME Unknown
LOCATION OF DEATH 1.1 MI NORTH OF COLEMAN RD ON COUNTY RD 5424	CITY WELEETKA	COUNTY OKFUSKEE	TYPE OF PREMISES DITCH	DATE 6/8/2008	TIME 17:21 FOUND
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 6/9/2008	TIME 8:30

IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
					BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input type="checkbox"/> Neck <input type="checkbox"/> Absent <input type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color _____ Lateral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair _____ Eyes: Color _____ Mustache _____ Opacities _____ Pupils: R _____ L _____ Body Length _____ Body Weight _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)
SEE AUTOPSY PROTOCOL

Probable Cause of Death:

MULTIPLE GUNSHOT WOUNDS

Other Significant Medical Conditions:

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by MEDICAL EXAMINER
Pathologist CHAI S. CHOI M.D.
Not a medical examiner case

MEDICAL EXAMINER:

Name, Address and Telephone No.

CHAI S. CHOI M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Chai S. Choi, M.D.

Signature of Medical Examiner

CHAI S. CHOI M.D.

6/9/2008

Date

Computer generated report

0802190



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
 901 N. Stonewall
 Oklahoma City, Oklahoma 73117
 (405) 239-7141 Voice
 (405) 239-2430 Fax

CERTIFICATION
 I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.
 By _____
 Date _____

REPORT OF AUTOPSY

Decedent SKYLA WHITAKER	Age 11	Birth Date 04/05/1997	Race WH	Sex F	Autopsy No 438-08	Case No 0802190
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Type of Death Violent, unusual or unnatural	Means	ID By Toe tag	Authority for Autopsy CHAI S. CHOI, M.D.
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Present at Autopsy
 Steve Mullins

PATHOLOGICAL DIAGNOSIS

- I. Entrance gunshot wound, right arm, perforating through the arm with fracture/dislocation of the humerus.
 - a. Entrance gunshot wound: no soot blackening or powder stippling.
 - b. Exit gunshot wound present: no bullet recovered.
 - c. Direction: forward.
- II. Entrance gunshot wound, right arm, perforating through the subcutaneous fat tissue.
 - a. Entrance gunshot wound: no soot blackening or powder stippling.
 - b. Exit gunshot wound present: no bullet recovered.
 - c. Direction: slightly forward toward the right.
- III. Entrance gunshot wound, top of left shoulder, perforating through the left third intercostal space, upper lobe of the left lung, esophagus, superior vena cava, right pulmonary artery, middle lobe of right lung, right fourth intercostal space, and fifth rib to the right breast.
 - a. Entrance gunshot wound: no soot blackening or powder stippling.
 - b. Exit gunshot wound present: no bullet recovered.
 - c. Direction: slightly forward, downward toward the right.
- IV. Entrance gunshot wound, left arm, perforating through the regional soft tissue.
 - a. Entrance gunshot wound: no soot blackening or powder stippling.
 - b. Exit gunshot wound present: no bullet recovered.
 - c. Direction: forward, slightly downward toward the right.
 - d. No evidence of fracture of humerus.

Continued on Page 2

CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS

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

Chai S. Choi, M.D.

OCME Central Division

06/09/2008 8:30 AM

CHAI S. CHOI, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

- V. Entrance gunshot wound, right lateral chest, penetrating through the right eighth rib, diaphragm, liver, lower lobe of right lung, esophagus, lower lobe of left lung, right third intercostal space, and left back.
 - a. Entrance gunshot wound: no soot blackening or powder stippling.
 - b. No exit gunshot wound present: damaged lead bullet with copper jacket.
 - c. Direction: slightly backward, upward toward the left.
- VI. Entrance gunshot wound, right lateral chest, perforating through the right eighth intercostal space, right kidney, pancreas, spleen, left diaphragm, left ninth intercostal space to the left chest.
 - a. Entrance gunshot wound; no soot blackening or powder stippling.
 - b. Atypical exit gunshot wound; no bullet is recovered.
 - c. Direction is slightly backward, upward and toward the left.
- VII. Entrance gunshot wound, epigastrium, perforating through the stomach, liver, right kidney to the left lower back.
 - a. Entrance gunshot wound: no soot blackening or powder stippling.
 - b. Exit gunshot wound present: no bullet recovered.
 - c. Direction: backward, downward toward the right.
- VIII. Entrance gunshot wound, right neck, penetrating through the pharynx to the left mastoid region.
 - a. Entrance gunshot wound: scattered gunpowder attached (15.5 x 13.5 cm).
 - b. No exit gunshot wound present: a damaged small copper coated lead bullet recovered.
 - c. Direction: slightly backward toward the left.
 - d. Left mastoid bone with focal fracture and small regional hemorrhages.
- IX. Bilateral hemothorax (approximately 400 mL on the right and approximately 450 mL on the left), hemopericardium (approximately 50 mL) and hemoperitoneum (approximately 150 mL) due to gunshot wounds #3, 5, 6 & 7.
- X. Localized subarachnoid hemorrhages of left temporal lobe (6 x 4 cm), likely due to gunshot wound #8.
- XI. Focal cutaneous abrasions over the lower back, thighs and shins including top of the left foot.

Comment: The decedent is a eleven year old white female child who was found dead. It was stated that the decedent left the residence on foot and was walking toward the bridge when grandfather discovered the decedent and her friend (case no 0802189) unresponsive. The decedent was pronounced at the scene. The decedent was located on the west side of the roadway. The decedent was supine on the ground approximately head southwest approximately 5 feet west of the her friend.

Complete autopsy showed eight separate gunshot wounds (x 1 on neck, x 2 on right arm, x 2 on left shoulder and arm, x 2 on chest and x 1 on epigastrium). The four gunshot wounds (#3, 5, 6, 7) individually would have been potentially fatal. The neck gunshot wound shows minimal hemorrhages being inflicted at the critical condition of the body. There is one damaged copper coated bullet appearing to be small in size (gunshot wound #8, neck) and damaged copper jacketed bullet appearing to be medium in size (gunshot wound #5), recovered.

It is felt that the cause of death is regarded to be multiple gunshot wounds and the manner of death is ruled as homicide.

Chai S. Choi, M.D.

June 27, 2008
CSC/al

CHAI S. CHOI, M.D.

EXTERNAL EXAMINATION

AUTOPSY NO. ML 438-08

CASE NO. 0802190

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	hair	Beard	Mustache	Circumcised
63 in.	39 kg.	Brown	R 7 mm L 7 mm		Lt Brown			
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
Complete				Purple – Left & Posterior			COOL	

The body is that of a well developed, slightly underweight, white female child. The conjunctivae are white and show no petechiae. There is blood in the nose and mouth, but not in the ear canals. There is dried blood stain over the left cheek. Inside of mouth is intact. The neck shows entrance gunshot wound over the right lateral neck below the jaw which will be described below. There are scattered blackish powder-like particles attached to the skin measuring approximately 15.5 x 13.5 cm mostly over the right lateral chest and right lower cheek. There is no powder stippling around the wound. The chest is of normal contour and shows multiple gunshot wounds which will be described below. The abdomen is flat is and shows entrance gunshot wound over the epigastrium which will be described below as well. There is a postmortem puncture mark for the liver temperature over the right epigastrium. The abdomen shows numerous pink-red-green-blue-purple letters and signs painted by markers. Genitalia are those of a normal female of this age with short pubic hairs. The external genitalia is free of traumatic injury. The extremities are symmetric and show multiple gunshot wounds over the both arms which will be described as well. There are dark brownish irregular linear scabs over the right hip and somewhat patterned linear scab likely letter of "Z" over the back of the left hip. There are small red-brown abrasions over the lateral aspect of the right knee and lower legs including dorsum of the left foot. There is 2.5 cm linear vertical scar over the inner aspect of the left arm. Both hands have been previously secured with brown paper bags sealed by plastic tape, separately. The back shows small red abrasions over the lower back in the mid-line. There are numerous similar paint on the back of the right shoulder and lower back. Anal skin is intact.

Evidence of injuries:

- I. Entrance gunshot wound, right arm, posterior inner surface: There is a 0.9 x 0.5 cm entrance gunshot wound having red-brown peripheral rim. There is no soot blackening or powder stippling around the wound. The direction of the wound is forward, perforating through the right arm with fracture of the humerus with dislocation. The exit gunshot wound is present at the anterior inner surface of the arm. There is no bullet recovered.
- II. Entrance gunshot wound, right arm just below and lateral to the #1 entrance gunshot wound: It measures 0.5 cm in diameter having red-brown peripheral abrasion rim. There is no soot blackening or powder stippling around the wound. The direction of the wound is slightly forward, slightly to the right, perforating through the subcutaneous fat tissue. There is no bullet recovered.
- III. Entrance gunshot wound, top of the left shoulder at the posterior surface: There is 0.4 x 0.5 cm entrance gunshot wound having red-brown peripheral abrasion. There is no soot blackening or powder stippling around the wound. The direction of the wound is slightly forward, downward to the right, perforating through the left third intercostal space along the posterior axillary line, upper lobe of the left lung, esophagus, superior vena cava at the junction of the right atrium, right pulmonary artery, middle lobe of the right lung, right fourth intercostal space and fifth rib along the mid-clavicular line, to the right breast at the lateral surface. The entrance wound measures 1.7 x 2.5 cm and is focally abraded, being surrounded by purplish contusion. There is no bullet recovered.

- IV. Entrance gunshot wound, left arm at the posterior surface: There is 0.6 x 0.9 cm entrance gunshot wound having peripheral abrasion rim being surrounded by fine red abrasions at the upper margins. There is no soot blackening or powder stippling around the wound. The direction of the wound is forward, slightly downward toward the right, perforating through the regional soft tissue to the inner aspect of the arm. The exit gunshot wound measures 1.3 x 1.5 cm. There is no peripheral abrasion rim around the wound.
- V. Entrance gunshot wound, right lateral chest: There is a 0.5 x 0.7 cm entrance gunshot wound having red peripheral abrasion rim. There is no soot blackening or powder stippling around the wound. The direction of the wound is slightly backward, slightly upward to the left, penetrating through the right eighth rib along the mid-axillary line, right diaphragm, left lobe of the liver, lower lobe of the right lung, esophagus, lower lobe of the left lung, left third intercostal space along the posterior axillary line to the back. There is a damaged lead bullet measuring 0.7 x 0.5 cm at the base with separated copper jacket recovered underneath the subcutaneous tissue of the left back just below the scapula.
- VI. Entrance gunshot wound, right lateral chest: There is 0.5 x 0.5 cm entrance gunshot wound having red-brown peripheral abrasion rim. There is no soot blackening or powder stippling around the wound. The direction of the wound is slightly backward, upward toward the left, perforating through the right eighth intercostal space, right kidney, pancreas, spleen, left diaphragm, left ninth intercostal space to the left chest. There is a 0.5 x 0.7 cm exit wound having red-brown peripheral abrasion rim, likely atypical exit wound. There is a purplish contusion surrounding the wound at the lower margins of the entrance wound.
- VII. Entrance gunshot wound, epigastrium: There is 1 x 0.3 cm entrance gunshot wound having a peripheral abrasion rim. There is no soot blackening or powder stippling around the wound. The direction of the wound is backward, downward to the right, perforating through the stomach, liver, right kidney to the left lower back. There is a 0.6 x 0.7 cm laceration of the exit gunshot wound. There is no bullet recovered.
- VIII. Entrance gunshot wound, right neck under the mandible: There is 0.4 cm entrance gunshot wound having gray-brown peripheral abrasion rim. There are scattered powder-like grayish particles attached to the skin surface mainly over the right lateral chest, right lower cheek just behind the ear lobe measuring overall 15.5 x 13.5 cm. There is no evidence of powder stippling or soot blackening around the wound. The direction of the wound is slightly backward toward the left penetrating through the pharynx to the left mastoid region with focal fracture and small region hemorrhages. There is a damaged small copper stained lead bullet recovered.

Clothing:

The decedent is clothed in the following:

- A t-shirt, gray, "GILDAN YOUTH, L" having an imprint on the front "CHIEFFDINS".
- A pair of underwear, green with a blue-white butterfly pattern.
- A pair of red shorts, "S".
- A bra, pink and green.
- A pair of black slippers

The shirt shows six holes over the front part, four holes on the back, six holes on the right sleeve, back and front, and two holes over the back of the left sleeve. There is blood soaked mainly on the back. There is scattered blood spattering over the right lower front. The bra shows two holes on each right and left side of the bra that are surrounded by blood stains. There is a gray ring around the holes on left front (x2). Both hands are separately secured by the brown paper bag with plastic tape.



GROSS EXAMINATION

AUTOPSY NO. ML 438-08

CASE NO. 0802190

The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is normally distributed, moist, bright yellow and unremarkable other than injuries described above. The chest musculature is normal and shows regional contusive laceration over the chest described above.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The liver edge extends 0 cm below the right costal margin at the midclavicular line. The diaphragms are unremarkable other than one bullet hole over the right hemisphere and three bullet holes over the left hemisphere of the diaphragm with focal regional hemorrhages.

PARIETAL PLEURA:

There is a bilateral hemothorax (approximately 400 mL on the right and approximately 450 mL on the left).

PERICARDIUM:

Hemopericardium (50 mL) of partly clotted blood. There is perforation of the membrane at the junction of the superior vena cava and right atrium.

PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains approximately 150 mL of liquid blood mainly in the pelvic cavity.

HEART:

Weights 270 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The valves are normally formed and measure as follows: tricuspid 9.5 cm, pulmonary 5 cm, mitral 8 cm, and aortic 6 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1 cm, the septum measuring 1.1 cm, and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with no atherosclerosis. Other great vessels also arise and distribute normally and are widely patent. There is perforation of the right pulmonary artery near the pulmonary trunk.

NECK ORGANS:

Musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is pale, light brownish and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined

by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

Pale, light brownish and unremarkable.

LUNGS:

The right lung weighs 230 gm, and the left weighs 190 gm. Visceral pleurae are smooth and glistening other than multiple bullet holes with regional purplish contusion. The trachea is filled with bloody fluid and lined by pale membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is otherwise unremarkable. The parenchyma is pale pinkish and shows penetrating gunshot wound of the middle lobe toward the wound of the superior vena cava and two through and through gunshot wounds of the lower lobe at the periphery near the inferior margin. The left lung is likewise pale, pinkish and shows penetrating gunshot wound over the upper lobe toward the hilum and two through and through gunshot wounds of the lower lobe at the inferior margin. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are pale and unremarkable.

G.I. TRACT:

The esophagus shows two perforations at the lower one-third and near the junction of the stomach. It contains a small amount of bloody fluid. The esophagogastric junction is otherwise unremarkable. The stomach is of normal configuration and shows through and through gunshot wound over the fundus and antrum near the lesser curvature with focal regional hemorrhages. The stomach is otherwise unremarkable and contains a scanty amount of pinkish mucoid material with no food. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is present. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weighs 1090 gm. The liver shows grazed gunshot wound over the subdiaphragmatic surface over the right and left lobes. There is a large through and through gunshot wound showing stellate laceration that measures 8.5 x 12.5 cm and 3.5 x 5.5 cm. There are regional hemorrhages. The parenchyma is otherwise unremarkable and is pale brownish.

GALLBLADDER:

Lies in its usual position, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position. The pancreatic tissue is light pinkish-brown with focal hemorrhages with gunshot wound in the middle of the body part.

SPLEEN:

Weighs 220 gm. There is a through and through gunshot wound of the spleen measuring 1.5 x 1.5 cm and 3 x 9 cm.

ADRENALS:

Lie in their usual location and are pale.

KIDNEYS:

The right kidney weighs 100 gm and the left weighs 100 gm. There is grazed gunshot wound with focal hemorrhages over the posterior surface of the right kidney measuring 4 x 3 cm. The overall parenchyma is pale, light brown, and otherwise unremarkable.

URINARY BLADDER:

Contains no urine. Its serosa and mucosa are unremarkable.

FEMALE GENITALIA:

The vagina is intact and shows no gross pathology. The cervical os is with no erosion. The endocervical canal is within normal limits. The uterus has a symmetrical overall unremarkable configuration and is nongravid. The myometrium is light tan and rubbery. The endometrium is grayish-brown and approximately 0.2 cm in thickness. Bilateral adnexa are unremarkable.

BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1380 gm. Dura and leptomeninges show localized thin layer of subarachnoid hemorrhages over the inferior surface of the left temporal lobe measuring 6 x 4 cm. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is diffusely edematous symmetric, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show diffuse edema. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Otherwise intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 438-08

CASE NO. 0802190

Sections confirm the gross diagnosis of no significant anatomic pathology. The entrance gunshot wounds show no black powder residue-like particles.

June 27, 2008
CSC/al

Chai S. Choi, M.D.

CHAI S. CHOI, M.D.

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

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By _____

Date _____

ME CASE NUMBER: 0802190

LABORATORY NUMBER: 082095

DECEDENT'S NAME: SKYLA WHITAKER

DATE RECEIVED: 6/10/2008

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER

HOLD STATUS: 5 YEARS

SUBMITTED BY: CHAI S. CHOI M.D.

MEDICAL EXAMINER: CHAI S. CHOI M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (FEMORAL)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

RESULTS:

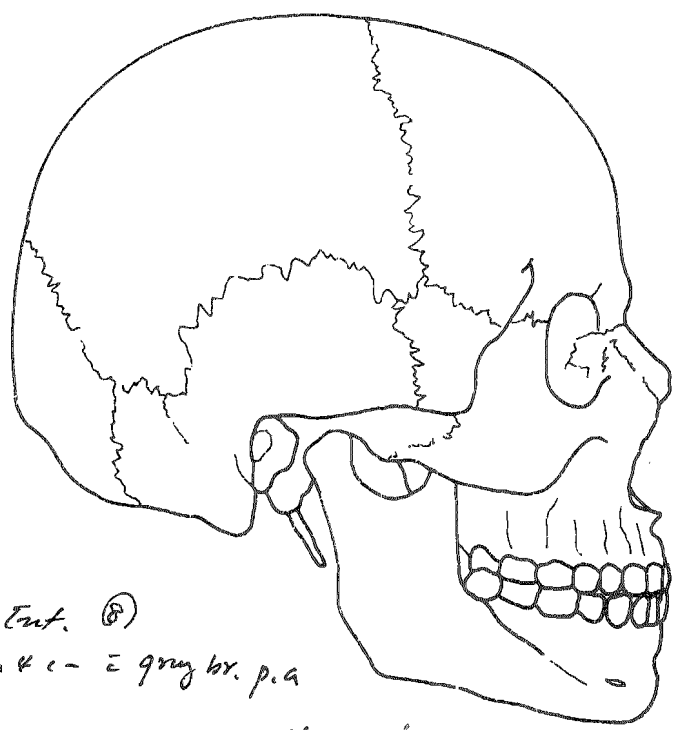
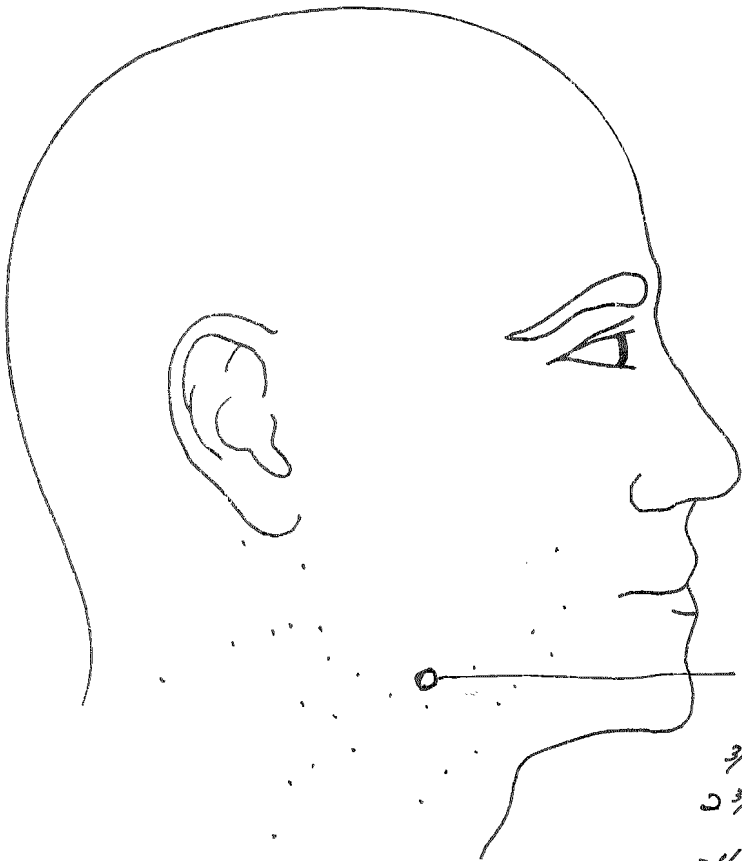
06/25/2008

DATE

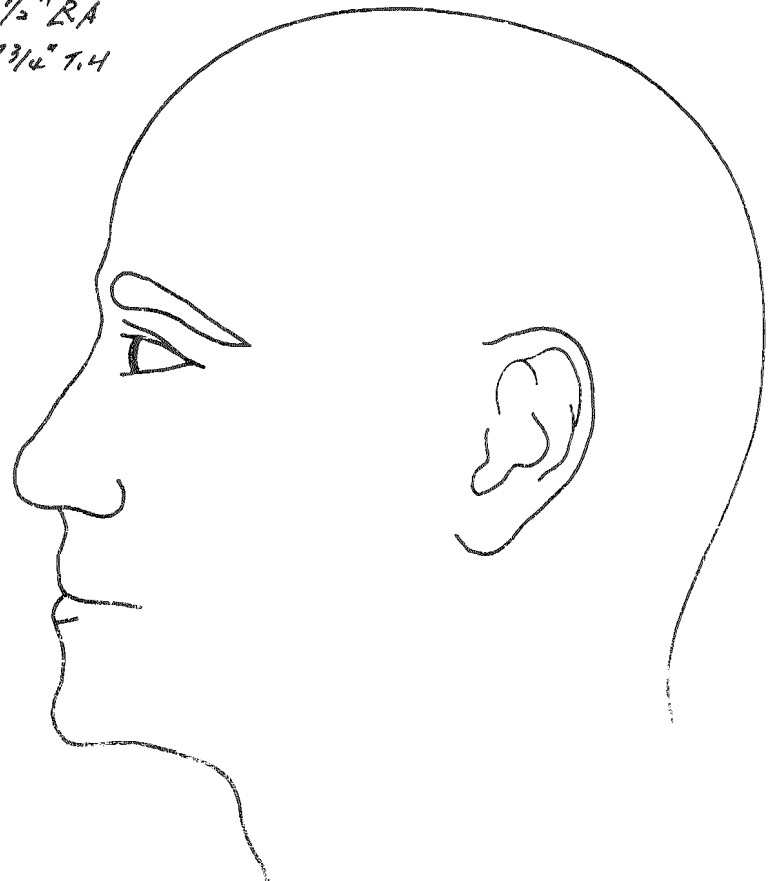
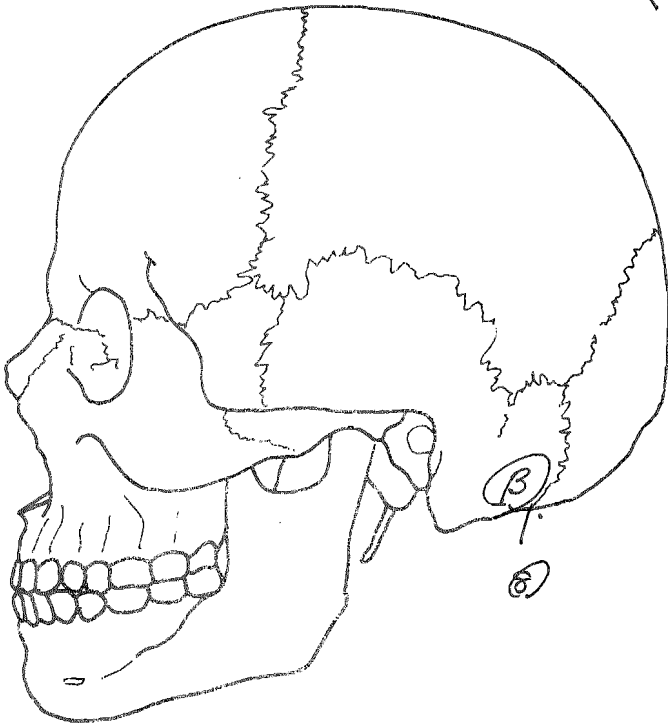


BYRON CURTIS, Ph.D., Deputy Chief Forensic Toxicologist

HEAD – SURFACE AND SKELETAL ANATOMY, LATERAL VIEW



Ent. (B)
 0.4 c - 2 gray br. p.a
 3/4" F scattered
 2 3/4" bal } E.C. powder 15.5 x 13.5 c-
 3 1/2" RA
 7 3/4" T.H



Name Sky/a Whitaker

Case No. 0A02190

Date 6-9-08

① Rt. Chest - Rt. 8th I.C. L pancreas - ~~st.~~ spleen - Lt. Diaph - Lt 9th 2. - Lt. Chest
 ② Epigastrium - stomach, Liver, Rt. Kidney - see ③

NAME Skyia Whitaker City or County Albino 0802190

		WOUND NO.												
		①		②		③		④		⑤		⑥		
		Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	
1. Location of wound:	Head													
	Neck													
	Chest						V			V		V	V	
	Abdomen													
	Back													
	Arm < <u>Right</u>	V	V	V	V	shoulder								
	Left					V		V	V					
	Leg < Right													
Left														
2. Size of wound: (Millimeters) <u>cm</u>	Diam.			0.5										
	Width	0.5	1		0.7	0.4	1.7	0.6	1.3	0.5		0.5	0.5	
	Length	0.9	2		1.0	0.5	2.3	0.9	1.5	0.7		0.9	0.9	
3. Centimeters from wound to:	Top of head	14 1/4	14	14 1/2	14 1/2	8 3/4	15 1/2	16	16 1/2	15 3/4		21	18 1/2	
	Right of midline						6			7 1/2		5 1/2		
	Left of midline					7 1/4							6 1/2	
4. Powder burns:	On skin													
	Clothing													
	Absent	V	V	V	V	V	V	V	V	V		V	V	
5. Direction of bullet through body:	Backward									sl		sl		
	Forward	V		V		sl		V						
	Downward					V		sl						
	Upward									sl		sl		
	To right			sl		V		V						
	To left										V		V	
6. Bullet found:	Calibre	X												
	Shotgun	X												

Photographs made: Yes No X-rays made: Yes No

REMARKS: ① Rt. arm - Fix. ⑤ Ent. Rt. Lat. Chest - Rt 8th Rtb - R D 9th. - Liver - Rt. L.L. - ESO - Lt. L.L. - Lt 3rd 2

② Rt. arm - S.C. ③ Lt. Shoulder - Lt 3rd I.C. - upper. Lt - ESO (Rt. Pul. a) - SCU - Rt. Middle - Rt. 4th I.C. & 5th Rtb

④ Lt. arm - Soft.

Examined by: C. S. Lewis Date: 6-9-08

GUNSHOT WOUND CHART

(2)

NAME Skyia Whitaker A, NO. City or County 0802190

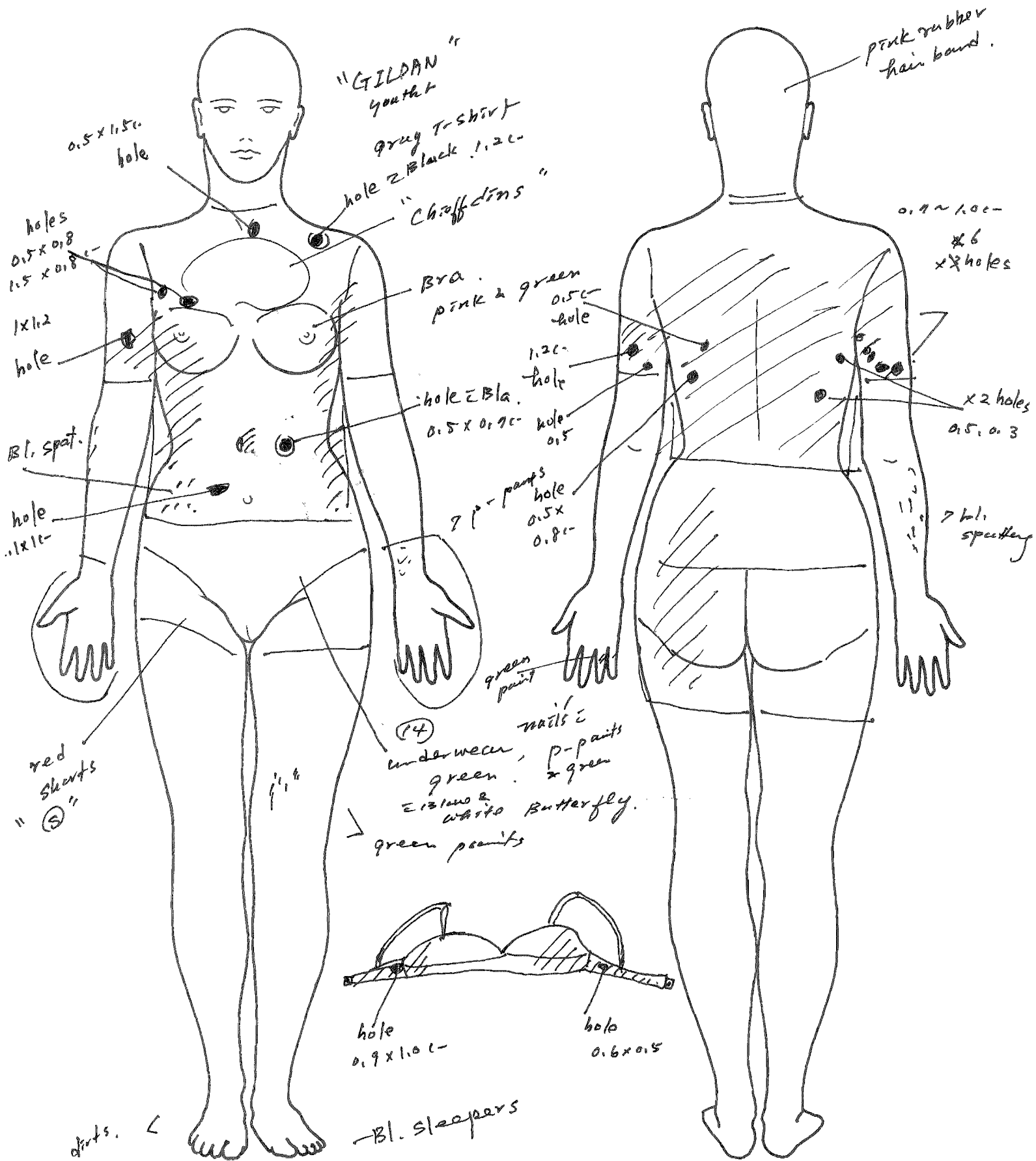
		WOUND NO.											
		①		②		3		4		5		6	
		Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.
1. Location of wound:	Head												
	Neck			✓									
	Chest												
	Abdomen	✓											
	Back												
	Right Arm <												
	Left Arm <												
	Right Leg <												
	Left Leg <												
2. Size of wound: (Millimeters) <small>cm</small>	Diam.			0.4									
	Width	0.3	0.6										
	Length	1.0	0.7										
3. Centimeters from wound to:	Top of head	20 ³ / ₄	23	7 ³ / ₄									
	Right of midline		4 ¹ / ₂	3 ¹ / ₂									
	Left of midline	1 ¹ / ₄											
4. Powder burns:	On skin			✓									
	Clothing												
	Absent	✓	✓										
5. Direction of bullet through body:	Backward	✓		sl									
	Forward												
	Downward	✓											
	Upward			sl									
	To right	✓											
	To left			✓									
6. Bullet found:	Calibre	X		②									
	Shotgun	X		copied from B.									

Photographs made: Yes No X-rays made: Yes No

REMARKS: ① Epigastrium - stomach, Liver, Rt. Kidney - Lt. Low Back
 Hemothorax, bilat. (ca 200 RT, 450 LT)
 Hemopericardium (ca 50 ml)
 Hemoperitoneum (ca 150 ml)
 ② Rt. Neck - pharynx - Lt. mastoid
 C. S. (Tru)

Examined by: _____ Date: 6-9-02

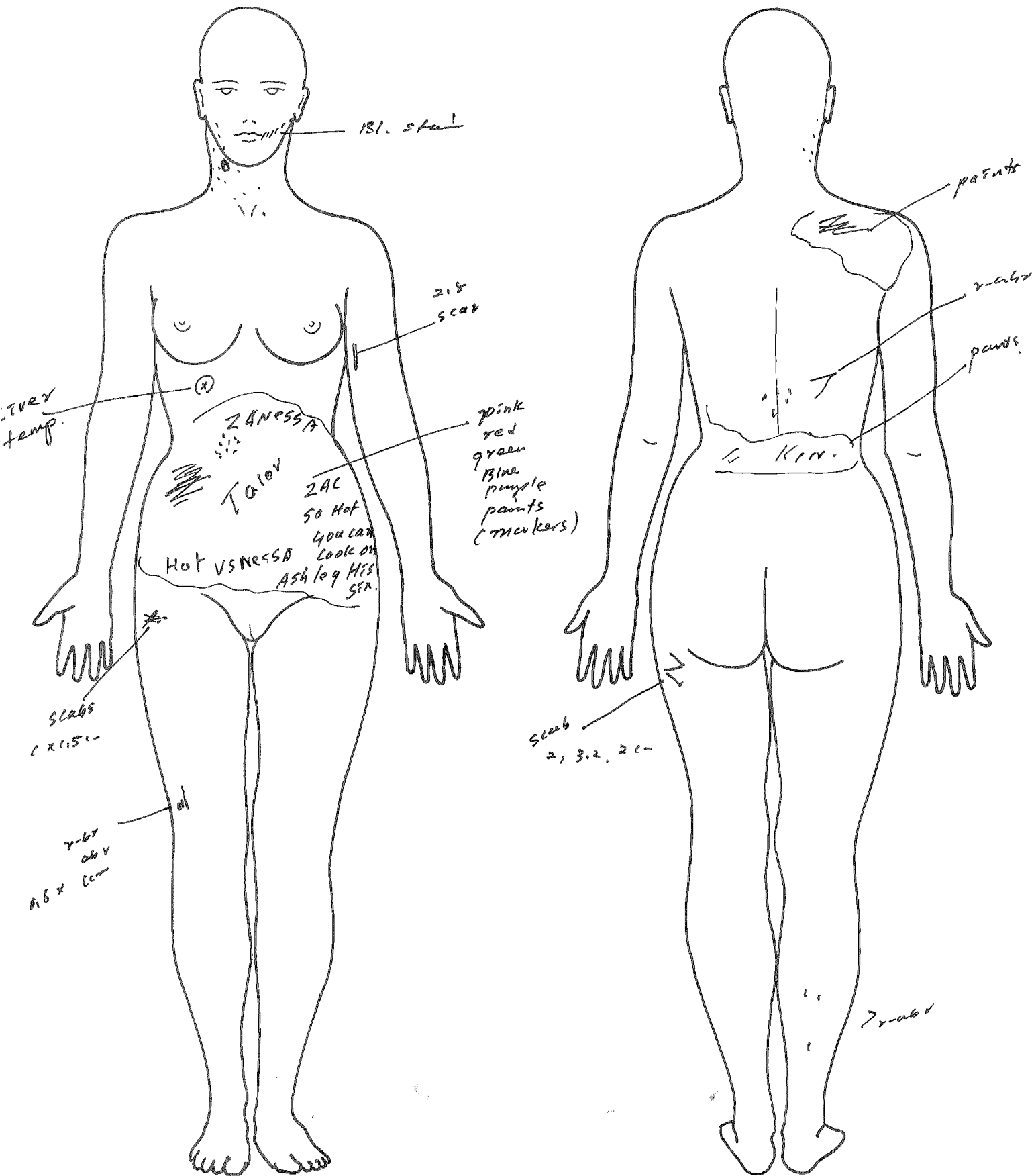
FULL BODY, FEMALE - ANTERIOR AND POSTERIOR VIEWS



Name Skyla Whitaker Case No. 0802190

CME-1B2 (Series 1978) Date 6-9-08

FULL BODY, FEMALE – ANTERIOR AND POSTERIOR VIEWS



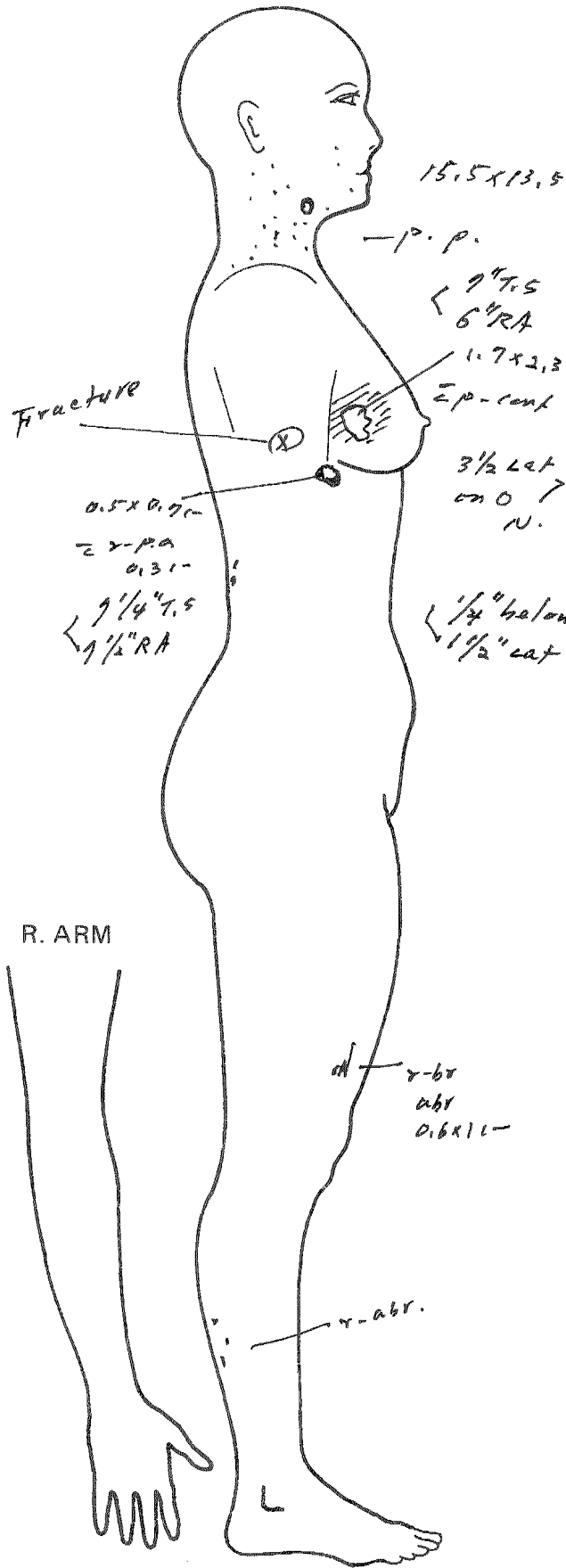
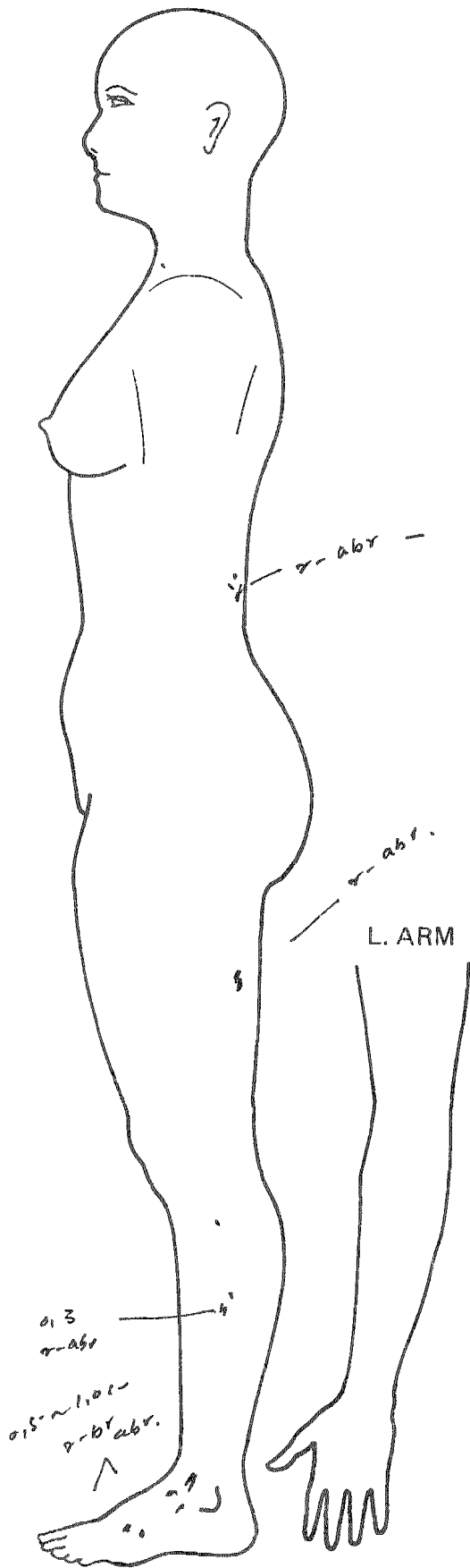
Name SKYLA WHITAKER

Case No. 0802190

CME-1B2 (Series 1978)

Date 6-9-08

FULL BODY, FEMALE – LATERAL VIEW



Name Skyja Whitaker

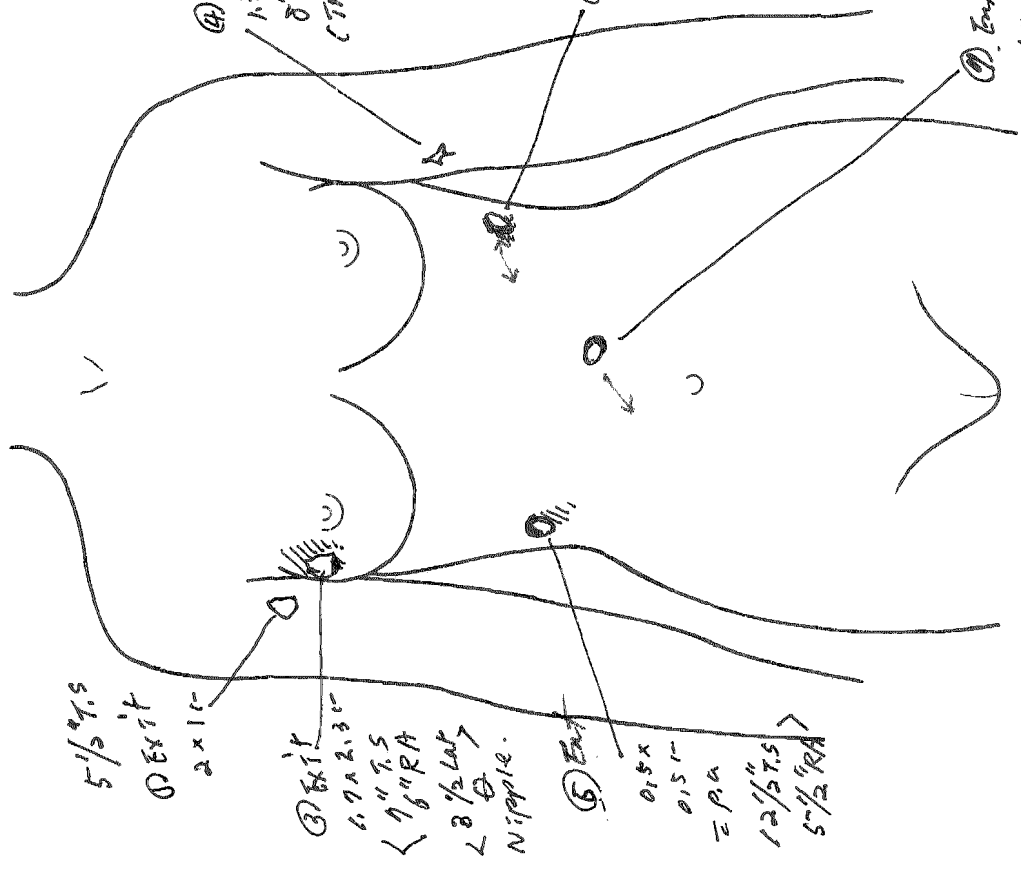
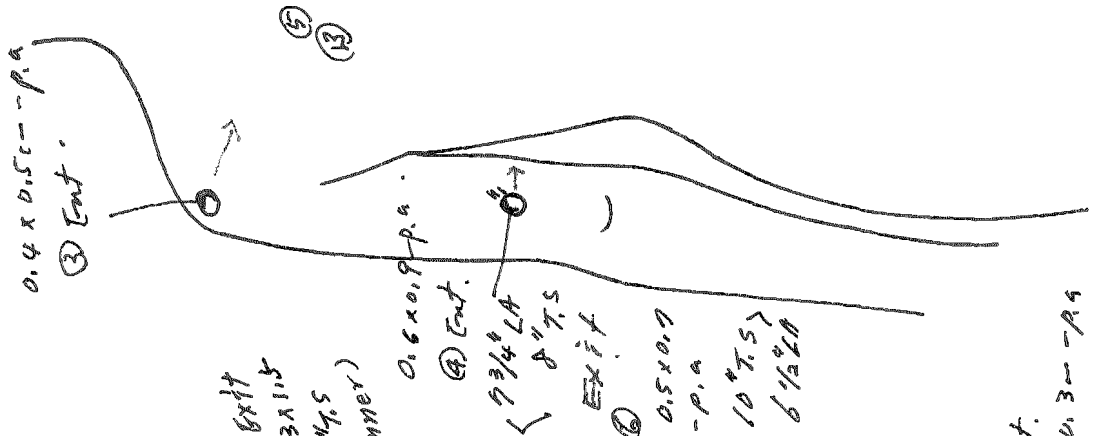
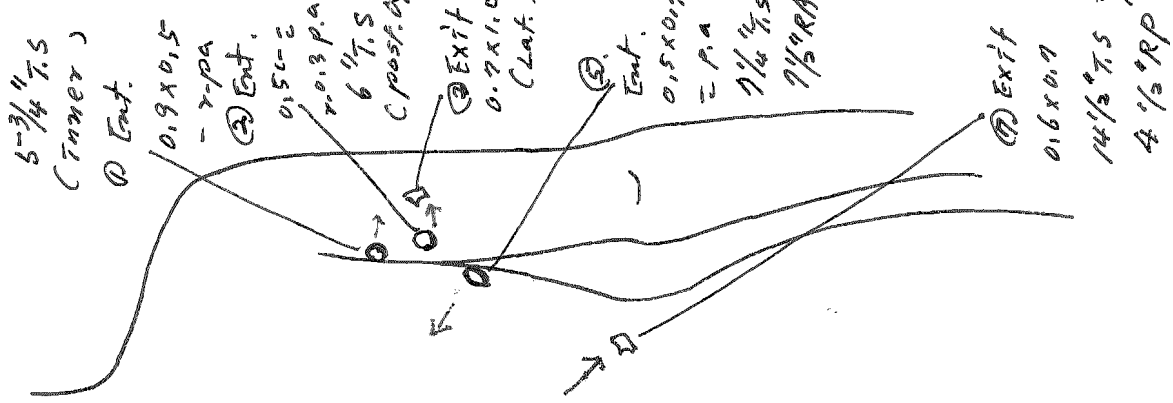
Case No. 0802190

Date 6-9-08

THORACIC ABDOMINAL, FEMALE - ANTERIOR AND POSTERIOR VIEWS

(8 1/2 - M-S)

1/4" T.S
7 1/4" LA



Name Skylla Whitaker Case No. 0202190
 CME-1B3 (Series 1978) Date 6-9-08