



Hamilton County Coroner

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
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CHRISTOPHER RHODEN, JR.

CC16-01419

OPINION

Diagnoses:

1. Multiple gunshot wounds to the head:
 - a. Gunshot wound #1 – indeterminate-distance, penetrating gunshot wound to the head:
 - 1) Entrance: Right superior parietal scalp
 - 2) Path: Scalp, bone and brain (see Projectile section below)
 - 3) Direction of fire through the body: Right to left.
 - b. Gunshot wound #2 – indeterminate-distance, penetrating gunshot wound to the head:
 - 1) Entrance: Right parietal scalp
 - 2) Path: Scalp, bone and brain (See Projectile section below)
 - 3) Direction of fire through the body: Right to left.
 - c. Gunshot wound #3 – indeterminate-distance, penetrating gunshot wound to the head:
 - 1) Entrance: Right frontotemporal scalp
 - 2) Path: Scalp, bone and brain (see Projectile section below)
 - 3) Direction of fire through the body: Right to left.
 - d. Gunshot wound #4 – indeterminate-distance, penetrating gunshot wound to the head:
 - 1) Entrance: Right parieto-occipital scalp
 - 2) Path: Scalp, bone and brain (see Projectile section below)
 - 3) Direction of fire through the body: Right to left.
 - e. Subgaleal hemorrhage, subdural hemorrhage and subarachnoid hemorrhage
 - f. Cerebral lacerations and hemorrhage
 - g. Projectiles:
 - 1) Two deformed lead bullets recovered from left temple lobe of brain
 - 2) One deformed lead bullet recovered from right temple lobe of brain
 - 3) One deformed lead bullet recovered partially embedded in the left temporoparietal bones
 - 4) All defects have findings suggestive of bullet wipe on skull
 - 5) Due to extent of decomposition, the specific bullet paths could not be identified.
2. Postmortem toxicology:
 - a. Caffeine present
 - b. No ethyl alcohol or other drugs.

OPINION

Christopher Rhoden, Jr.

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Cause of Death: It is my opinion, based on the autopsy findings and the information available to me at the time of the autopsy that the cause of death is multiple gunshot wounds to the head.



Karen Looman, D.O.

Chief Deputy Coroner, Forensic Pathologist
Hamilton County, Ohio

7/11/2016

Date



**POSTMORTEM EXAMINATION
OF THE BODY OF**

CHRISTOPHER RHODEN, JR.

A postmortem examination of the body identified by Pike County Coroner's Office as "Christopher Rhoden Jr." is performed at the Hamilton County Coroner's Office on Sunday, April 24, 2016 at 7:03 AM by Dr. Karen Looman. The morgue attendants are Tyrone Smith and John Hatfield. Agents Rick Ward and Seth Hargerty of BCI (Ohio Bureau of Criminal Identification and Investigation) attended the autopsy.

HISTORY:

The decedent is a 16-year-old white male who was found deceased in his home with multiple gunshot wounds.

EXTERNAL EXAMINATION

GENERAL:

The body is that of a normally developed, well-nourished, young adult male who is 165 pounds, 70-inches in height, and appears appropriate for the stated age. The body is in a mild state of decomposition with marbling and skin changes. The body is cool to the touch due to refrigeration. Rigor mortis is absent. Both arms are flexed and above the head. Livor mortis is red and in both an anterior and posterior distribution, except over areas exposed to pressure. There are Tardieu spots across the anterior upper chest.

The face has marbling color changes. The scalp hair is short, straight and blonde. There is no mustache, beard or stubble. The sclerae are congested but free of petechia, icterus or hemorrhage. The irides are blue. The mouth has native dentition. The chest has a normal anteroposterior diameter without costal margin flaring. The abdomen is flat. There are decomposition color changes of the lower abdomen. The penis is circumcised. A focus of hypopigmentation is on a portion of the penile corona. The spine is straight. The pelvis is stable to manipulation. The extremities are not edematous and are free of dysmorphic features. There are paper bags on the hands. The palms of the hands are wrinkled due to moisture. The fingernails are short. An identification toe tag within name "Christopher Rhoden" and "11/4/99" is on the left great toe.

CLOTHING:

The body is nude.

SCARS/TAI TOOS:

Multiple small white scars are on the metacarpal joints of the right hand. There is an irregular purple scar on the medial left knee. A purple scar is on the left lower leg. No tattoos are present.

MARKS OF THERAPY:

None.

EVIDENCE OF INJURY:

There are multiple gunshot wounds to the head, four, with four projectiles and one lead fragment recovered. The wounds are numbered for convenience and do not indicate the order in which they were inflicted.

Gunshot wound #1 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Right superior parietal scalp, consisting of a 1/8-inch round defect with a concentric abrasion collar that has a dark purple-black color along the 5 to 6 o'clock margin and without soot or stippling on the skin, located 2-inches from the top of the head, 2-1/2-inches right of midline and 6-3/4-inches posterior to the glabella. Path: Scalp, bone and brain. Projectile: See Projectiles section below. Direction of fire through the body: Right to left.

Gunshot wound #2 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Right parietal scalp, consisting of a 1/8-inch round defect with a concentric abrasion collar and no soot or stippling on the skin, located 3-inches from the top of the head, 4-1/2-inches right of midline and 6-1/4-inches posterior to the glabella. Path: Scalp, bone and brain. Projectile: See Projectiles section below. Direction of fire through the body: Right to left.

Gunshot wound #3 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Right frontotemporal scalp, consisting of a 1/8-inch round defect with a dried, firm, black concentric abrasion collar except for a focus at the 6 to 7 o'clock margin where the margin is not dried, and no soot or stippling on the skin, located 3-inches from the top of the head, 3-1/4-inches right of midline and 1-1/2-inches posterior to the glabella. Path: Scalp, bone and brain. Projectile: See Projectiles section below. Direction of fire through the body: Right to left.

Gunshot wound #4 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Right parieto-occipital scalp, consisting of a 1/8-inch round defect with a concentric abrasion collar that is dried and dark gray-black along the 12 to 6 o'clock margin but has no obvious soot or stippling on the skin, located 4-1/2-inches from the top of the head, 6-1/8-inches right of midline and 6-3/4-inches posterior to the glabella. Path: Scalp, bone and brain. Projectile: See Projectiles section below. Direction of fire through the body: Right to left.

Projectiles: Two deformed lead bullets are recovered from within the left temporal lobe of the brain. One bullet is recovered from the internal surface of the left parietal-occipital bones where it is embedded. The fourth bullet is recovered from the right temporal lobe. The specific paths for these bullets through the brain cannot be determined due to the extent of decomposition.

Other Injuries: There is a 1/4-inch x 1-1/2-inch red petechial linear contusion on the anterior left upper arm. There is a scab proximal to the left elbow. There is a 1/2-inch x 1-inch red petechial contusion distal to the left elbow. The left volar forearm has a 2-inch linear red petechial contusion. A 1/8-inch scab is on the left third metacarpal joint. There is a 3-inch linear scab on the anterior right thigh.

X-RAYS:

Films of the head and upper chest are taken.

INTERNAL EXAMINATION

All the organ systems and serosal surfaces have mild decomposition changes.

SEROUS CAVITIES:

There are no fluid collections within the pleura, peritoneum or pericardium. The right posterior lung surface is adherent to the chest wall. No other adhesions are identified.

NECK ORGANS:

There are no injuries to the strap muscles, hyoid bone or thyroid cartilage. The thyroid gland is congested and purple. Upon sectioning, there are no focal lesions. There is a thymic remnant in the anterior mediastinum.

HEART:

The heart is 365 grams. The coronary arteries arise normally and are right-sided dominant. There is no coronary artery disease. The myocardium is red, soft and without scars. The septa are intact. The foramen ovale is sealed. The left ventricular wall is concentric. The valves are thin, delicate, and unremarkable.

AORTA:

The aorta is free of fatty streaks, plaques or calcifications. There is mild, red hemolytic staining along its length.

LUNGS:

The right lung is 420 grams, and the left lung is 450 grams. The tracheobronchial tree has a thin layer of blood along its length. The mucosa is also stained dark red-purple. The lumen is free of fluid, foam or obstruction. Both lungs are normally aerated but congested. Upon sectioning, there is mild pulmonary edema that exudes from the cut surfaces. There are no focal lesions.

LIVER AND GALLBLADDER:

The liver is 1,530 grams. The capsule is intact and covers a red-brown parenchyma. Upon sectioning, there are no focal lesions. The gallbladder contains 10 milliliters of green-yellow bile. There are no stones in the lumen.

SPLEEN:

The spleen is 175 grams. The capsule is intact and covers partially liquefied, dark red parenchyma. The white pulp is not visualized and there are no focal lesions.

PANCREAS:

The pancreas has mild autolytic changes but has a congested, tan, lobulated architecture without focal lesions.

ADRENAL GLANDS:

The glands have mild autolytic changes but have retained their normal yellow cortices and softened tan medullae without focal lesions.

GASTROINTESTINAL TRACT:

The tongue is atraumatic. The esophagus is patent. The gastroesophageal junction and gastric mucosa are autolytic. There are no rugal folds present. The stomach contains 100 milliliters of tan paste. The small and large intestines are distended with gas. The appendix is present.

KIDNEYS:

The right kidney is 130 grams, and the left kidney is 155 grams. Both capsules strip with ease from each smooth cortical surface. Upon bisection, the calyces are patent and free of stones or hydronephrosis.

BLADDER:

The bladder contains 200 milliliters of clear, yellow urine. The mucosa is light tan and unremarkable.

GENITALIA:

The penis is circumcised. The prostate and testicles are not examined.

BRAIN AND MENINGES:

The brain is 1,725 grams and is soft and friable from decomposition. The brain is diffusely congested, slightly swollen, and red across the superior surface and deep purple cross the inferior surface. There is no epidural hemorrhage. There are is a thin layer of subdural hemorrhage across both hemispheres. Purple subarachnoid hemorrhage is across both temporal lobes and frontal lobes. There are bullet perforations across both frontal lobes and within the left lateral temporal, parietal and occipital lobes. The leptomeninges have been perforated by multiple bullets but are otherwise thin and free of purulent exudate. The cranial nerves and vessels are unremarkable. Upon sectioning, the cortical ribbon is thin and even. There are lacerations and hemorrhage along each bullet path across the frontal and temporal lobes. No other lesions are identified. Blood clots are adherent to the inferior brainstem surface. Upon sectioning, there are no focal lesions of the brain stem or cerebellum.

SKULL AND SUBGALEA:

There is a linear fracture across the frontal bone leading to a diastatic fracture of the right frontal and parietal bones. There are three bullet perforations in the right parietal bone and posterior parieto-occipital bone, all of which have findings suggestive of bullet wipe along the sharp margins. Linear fractures radiate from one right parietal defect to the diastatic fracture, across the biparietal bones and across the superior occipital bone. The left lateral frontal bone has a

comminuted fracture. The left temporoparietal bones have a circular fracture where a deformed bullet is slightly embedded into the internal periosteum. The anterior cranial fossae have linear fractures. One fracture extends across the lateral left occipital plate to the lateral left middle cranial fossa.

There are deep purple subgaleal hemorrhages across both the right and left frontal and temporal scalp and across the right occipital scalp.

RIBS/STERNUM:

The ribs and sternum are atraumatic and within normal limits.

VERTEBRAE:

The vertebrae are atraumatic and within normal limits.

PELVIS:

The pelvis is atraumatic and within normal limits.

EXTREMITIES:

The extremities have scars, scabs and contusions as previously described.

MICROSCOPIC EXAMINATION

Not performed.

LABORATORY EXAMINATION

Laboratory examinations were ordered and the results are attached.

07/07/2016 njb



TOXICOLOGY REPORT

SUBJECT NAME(S): Rhoden, Jr., Christopher
SUBMITTING AGENCY: Pike County Coroner

FILE #: CC16-01419
DATE REPORTED: 05/20/2016

RESULTS:

Headspace Gas Chromatography:

Item #	Specimen	Results	Concentration
1-1	Peripheral blood - A	Ethyl Alcohol	Negative

Immunoassay Screen (ELISA) **Presumptive**:

ELISA Screen: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids, Carisoprodol, Cocaine/Metabolites, Fentanyl, Methadone, Methamphetamine, Opiates, Oxycodone, Tramadol, Tricyclic Antidepressants, Zolpidem.

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - B	Negative	

General Drug Screen (GCMS*):

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - B	Caffeine	PRESENT

* Gas Chromatography / Mass Spectrometry

The Caffeine result for Item #1-2 is qualitatively PRESENT, but has not been confirmed by an alternate analytical method.

Rachel M. Hamilton

Rachel M. Hamilton
Toxicologist