Hamilton County Coroner

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
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GARY RHODEN **CC16-01415**

OPINION

Diagnoses:

1. Multiple gunshot wounds to the head:
   a. Gunshot wound #1 – indeterminate-distance, perforating gunshot wound to the head:
      1) Entrance: Left posterior parietal scalp
      2) Path: Scalp, bone, brain, bone and scalp
      3) Exit: Left forehead
      4) Direction of fire through the body: Right to left, back to front and upward.
   b. Gunshot #2 – contact, gunshot wound to the head:
      1) Entrance: Left temple, with probable muzzle stamp
      2) Path: Scalp, bone and brain
      3) Exit: Indistinguishable between the right forehead and right temporal bone behind the ear
      4) Direction of fire through the body: Left to right.
   c. Gunshot wound #3- intermediate-distance gunshot wound to the head:
      a) Entrance: Left mandible with soot and stippling
      b) Path: Skin, mandible with fracture, skull bone and brain
      c) Exit: Indistinguishable between right forehead and right temporal bone behind the ear
      d) Direction of fire through the body: Left to right.
   d. Projectile: A deformed, jacketed bullet with a red polymer plug is recovered from the lumen of an exit defect in the right temple.
   e. Deformation of skull from comminuted fractures
   f. Contusions, abrasions of face
   g. Diffuse subgaleal hemorrhage
   h. Severe lacerations of brain.

2. Contusion of superior left shoulder.

3. Contusions and abrasions of the extremities.

4. Postmortem toxicology:
   a. Cocaine and metabolites
   b. Presence of caffeine
   c. No ethyl alcohol.

5. Mild decomposition.

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

7/8/2016
Date

AutopsyFiles.org
UNCOVERING THE CAUSE OF DEATH

POSTMORTEM EXAMINATION
OF THE BODY OF

GARY RHODEN

A postmortem examination of the body identified by the Pike County Coroner's Office as "Gary Rhoden" is performed at the Hamilton County Coroner's Office on Sunday, April 24, 2016 at 10:20 a.m. by Dr. Karen Looman. The morgue attendants are Tyrone Smith and John Hatfield. Ohio Bureau of Criminal Identification and Investigation (BCI) agents Rick Ward and Seth Hargerty attended the autopsy.

HISTORY:
The decedent is a 37-year-old white male who was found deceased with multiple gunshot wounds to the head.

EXTERNAL EXAMINATION
GENERAL:
The body is that of a normally developed, well-nourished, adult male who is 211-1/2 pounds, 73-inches in height, and appears appropriate for the stated age. The body is in a mild state of decomposition with green discoloration around the right neck and anterior chest. The body is cool to the touch due to refrigeration. Rigor mortis is absent. Livor mortis is red and in a posterior distribution except for areas exposed to pressure. There is a pronounced body odor.

The head is dysmorphic from trauma. The scalp hair is short, dark brown and straight. There is dark brown mustache, beard and stubble across the hair-bearing portions of the face. The sclerae are free of petechia, icterus or hemorrhage. The irides are blue. The mouth is edentulous. The chest has an increased anteroposterior diameter with costal margin flaring. The abdomen is flat. There is a postmortem linear abrasion along the right lateral upper chest. The penis is circumcised. A brown mole is at the base of the penis. The spine is straight. The pelvis is stable to manipulation. The upper extremities are not edematous. There are brown paper bags covering both hands. The palms of the hands are thickened, soiled and have minute cracks and calluses. The left hand has a slight yellow discoloration. The fingernails are of medium length. The right thumb, fourth and fifth fingers have deformed thickened nails. The lower extremities have no dysmorphic features. The toenails are thickened with onychomycosis.

CLOTHING:
The body is dressed in a black hooded sweatshirt with a "John Deere" symbol on the front, two dark gray shoes, a white T-shirt, Hanes-brand checkered blue boxer shorts, blue jeans with a brown belt and gray socks. There is a $10 bill and 11 cents in the right front jeans pocket and a dime in the body bag. On the belt is an identification tag with "Gary Rhoden", "8/29/78" and "CS-0439" handwritten on it. The hood of the black sweatshirt has an irregular defect in the mid posterior aspect and a linear tear through the front margin.

SCARS/TATTOOS:
There is an oblique scar in the right lower abdomen.

The right upper back has a skull with playing cards, a dog, flames and the words "Mr. Lucky". The right upper arm has a deer with antlers. The left upper arm has a Harley Davidson shield with an eagle.

MARKS OF THERAPY:
None.

EVIDENCE OF INJURY:
There are multiple gunshot wounds to the head, three, with one bullet and red polymer plug recovered. The wounds are numbered for convenience and do not indicate the order in which they were inflicted.

The skull is deformed due to fractures and measurements are approximate.

Gunshot wound #1 is a single, indeterminate-distance, perforating gunshot wound to the head. Entrance: Left posterior parietal scalp, consisting of a 1/4-inch round defect with a concentric abrasion collar and no soot or stippling on the skin, located 2-1/2-inches from the top of the head, 1/2-inch left of midline and 7-inches posterior to the glabella. A 1/8-inch wide rim of gray-purple discoloration is within the abrasion collar along the 6 to 11 o'clock margin. Path: Scalp, bone, brain, bone and scalp. Exit: Left forehead, consisting of a 1/2-inch irregular defect with marginal tears and a 1/8-inch x 1/2-inch linear red abrasion at the 12 o'clock margin, located 2-inches from the top of the head, 2-1/2-inches left of midline and 1-3/8-inches posterior to the glabella. Direction of fire through the body: Right to left, back to front and slightly upward.

Gunshot wound #2 is a single, contact, gunshot wound to the head. Entrance: Left temple, consisting of a 1/2-inch x 3/8-inch oval defect with a white-gray, 1/8-inch, concentric abrasion collar that contains scant soot at the 5 o'clock margin but no stippling on the skin, located 3-inches from the top of the head, 2-inches left of midline and 2-inches posterior to the glabella. There is a 1/2-inch wide rectangular, dried brown abrasion at the 7 to 8 o'clock margin and a 1/4-inch round abrasion at the 10 o'clock margin that contains a minute metallic fragment. These abrasions may represent a muzzle stamp. Other irregular abrasions are on either side of the round abrasion at the 10 o'clock margin. Path: Scalp, bone and brain. *The exit defects for gunshot wounds #2 and 3 are indistinguishable. See gunshot wound #3 for the description of the two possible exit defects.* Direction of fire through the body: Left to right.

Gunshot wound #3 is a single, intermediate-distance, gunshot wound to the head. Entrance: Left mandible (superior ramus), consisting of a 1/8-inch round defect with a concentric abrasion collar and an eccentric circle of gray soot that is 1/8-inch wide at the 12 to 6 o'clock margin and 1/4-inch wide at the 9 to 11 o'clock margin, and with an area of red-brown, dried, stippling extending in front and behind the left ear, along the left cheek, jaw and superior left neck. The stippling is 2-3/4-inches superior, 2-3/8-inches posterior, 2-5/8-inches anterior and 2-1/4-inches inferior from the gunshot entrance defect which is located 6-1/2-inches from the top of the head, 3-1/2-inches left of midline and 5-inches posterior to the glabella. Path: Skin, mandible with fracture, bone, brain. Possible First Exit: Right forehead, consisting of a 1/4-inch x 1/2-inch

oval defect with a dried, grey-black margin, located 1-1/2-inches from the top of the head, 2-3/4-inches right of midline and 2-1/2-inches posterior to the glabella. Projectile: Within the lumen of the exit defect are a jacketed, deformed lead bullet and a deformed red polymer plug. There is a 1/8-inch wide square abrasion along the 4 to 7 o'clock margin. Possible Second Exit: Right temporal bone (behind the ear), consisting of a 1/4-inch x 3/4-inch linear defect with marginal tears, located 4-1/4-inches from the top of the head, 4-inches right of midline and 6-3/4-inches posterior to the glabella. Direction of fire through the body: Left or right.

Other injuries:
The mid forehead has a faint pink 1/4-inch contusion. The right periorbital region is depressed due to skull fractures and the right upper and lower eyelids have red and purple subcutaneous hemorrhages. The medial left upper eyelid has a red subcutaneous hemorrhage. Dried blood is around the mouth and nose, dripping to the right of the face. There is dried blood coming from the ears. The right forehead has a 1/2-inch x 3/4-inch red abrasion. There is a 1/4-inch x 3/8-inch red abrasion by the right lateral eyebrow. These two abrasions and a gunshot exit defect are surrounded by a red contusion and green decomposition discoloration. There is a 3/8-inch x 1-1/4-inch linear laceration of the left parietal scalp with a dried, gray-black margin, that is located 2-inches from the top of the head and 2-inches left of midline.

There is a 1-inch x 2-inch red contusion of the superior left shoulder. A 1/8-inch pink abrasion with a surrounding pink contusion is on the left lower abdomen. There is a 1/8-inch scab with a surrounding purple scar on the right mid back. A 1/4-inch x 1/2-inch red scab is at the base of the right thumb and 1/8-inch x 1/4-inch red abrasion is on the back of the right hand. There is a 1-1/2-inch red contusion on the extensor surface of the left wrist and a 3-inch, faint purple-red contusion on the back of the left hand. Two 1/8-inch scabs are on the back of the left hand. The palm of the left hand has two healing palmar skin abrasions and a 1/8-inch red abrasion. There is a subungual purple hemorrhage of the left fifth fingernail. The posterior left calf has a 1-inch purple contusion with a central red abrasion.

X-RAYS:
Films of the head and upper chest are taken.

INTERNAL EXAMINATION

All internal serosal surfaces and organs have mild decomposition changes.

SEROUS CAVITIES:
There are no fluid collections or adhesions within the pleura, peritoneum or pericardium.

NECK ORGANS:
There are no injuries to the strap muscles, hyoid bone or thyroid cartilage. The thyroid gland is light brown. Upon sectioning, there are no focal lesions.

HEART:
The heart is 410 grams. The coronary arteries arise normally and are right-sided dominant. There are two right conus branches present. The left anterior descending coronary artery has a proximal, focal 5-percent stenosis. The rest of the coronary arteries are free of disease. The myocardium is red and soft, without scars. Both ventricles appear mildly dilated. The valves are thin, delicate, and unremarkable.

AORTA:
The aorta has fatty streaks and red hemolytic staining along its length.

LUNGS:
The right lung is 610 grams, and the left lung is 570 grams. The tracheobronchial tree is free of fluid, foam or obstruction, and the mucosa is stained dark purple and black. Both lungs are atelectatic with dark red–black congestion. The right lung has a lingula present. There is mild anthracotic pigment across the surfaces. Upon sectioning, there is mild pulmonary edema that exudes from the cut surfaces. There are no focal lesions.

LIVER AND GALLBLADDER:
The liver is 1,590 grams. The capsule is intact and covers a red-brown parenchyma. Upon sectioning, there are no focal lesions. The gallbladder is surgically absent.

SPLEEN:
The spleen is 110 grams. The capsule is intact and covers liquefied, purple parenchyma. The white pulp is not visualized. There are no focal lesions.

PANCREAS:
The pancreas is congested and has retained its lobulated architecture. No lesions are identified.

ADRENAL GLANDS:
The glands are friable but have yellow cortices and 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 250 milliliters of green-brown fluid. The small and large intestines are distended with gas. The appendix is absent.

KIDNEYS:
The right kidney is 160 grams, and the left kidney is 115 grams. Both capsules strip with ease from each smooth but cystic cortical surface. Upon bisection, the calyces are patent and free of stones or hydronephrosis.

BLADDER:

The bladder is empty. 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 1,185 grams. The brain is softened and friable from decomposition. There is a diffuse red-purple-gray discoloration of its surface. There is no epidural, subdural or subarachnoid hemorrhage. The leptomeninges are perforated by bullets. There is no purulent exudate identified. The cranial nerves and vessels have been transected by bullets. The extent of decomposition and trauma prevents determination of bullet paths. Upon sectioning, the intact portions of the brain show a cortical ribbon that is thin and even. The brain stem and cerebellum have decomposition changes. No distinct bullet perforations are identified. There are no intraparenchymal lesions present. The pituitary is not identified.

SKULL AND SUBGALEA:
The skull has comminuted fractures along the frontal, temporal, parietal and occipital bones bilaterally. There is a partial bullet entrance defect in the left posterior parietal skull that has internal beveling and no external surface soot. Fragments of the right temporal bone may show external beveling of a bullet defect. There are comminuted fractures with displacement of the orbital and cribriform plates, and the anterior and middle cranial fossae. There is a linear fracture across the left posterior cranial fossa. The subgalea is diffusely red-purple with hemorrhage except for the vertex. There are bullet perforations as previously described.

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 brown bags, tattoos, deformed fingernails, scabs, abrasions and contusions as previously described.

MICROSCOPIC EXAMINATION
Not performed.

LABORATORY EXAMINATION
Laboratory examinations were ordered, and the results are attached.

07/07/2016 njb

HAMILTON COUNTY CRIME LABORATORY
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ANAB ACCREDITED FORENSIC TESTING LABORATORY

TOXICOLOGY REPORT

SUBJECT NAME(S): Rhoden, Gary
SUBMITTING AGENCY: Pike County Coroner

FILE #: CC16-01415
DATE REPORTED: 06/14/2016

RESULTS:

Headspace Gas Chromatography:

Item #	Specimen	Results	Concentration
1-2	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 - A	Cocaine/Metabolites	Positive

NOTE: **ELISA POSITIVE RESULTS** are **PRELIMINARY ONLY,** and are **NOT** considered a positive finding in the absence of a confirmatory analysis, as listed below. Presumptively positive ELISA results may not confirm.

Cocaine/Metabolites Confirmation (GCMS*):

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - A	Cocaine	0.166 mg/L
1-2	Peripheral blood - A	Cocaine Metabolite (Benzoylecgonine)	1.19 mg/L
1-2	Peripheral blood - A	Cocaine Metabolite (Ecgonine Methyl Ester)	0.390 mg/L

General Drug Screen (GCMS*):

Item #	Specimen	Results	Concentration
1-1	Heart blood - A	Caffeine	PRESENT
1-1	Heart blood - A	Cocaine	PRESENT
1-1	Heart blood - A	Cocaine Metabolite (Ecgonine Methyl Ester)	PRESENT

* Gas Chromatography / Mass Spectrometry

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

Robert G. Topmiller
Chief of Toxicology