North Carolina Department of Health and Human Services

Office of the Chief Medical Examiner

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REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B202005731

Autopsy Type ME Autopsy

Name Frederick Rodriguez Smith Cox

Age 18 yrs Race Black Sex M

AUTHORIZATION

Authorized By Ronald Keith Harris EMT- Received From Guilford

Р

ENVIRONMENT

Date of Exam 11/10/2020 **Time of Exam** 09:10

Autopsy Facility Office of the Chief Medical Examiner **Persons Present** Ms. Peyton Robinson

(Autopsy Technician)

CERTIFICATION

Cause of Death

Multiple gunshot wounds.

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

Digitally signed by

Nabila Haikal MD 09 March 2021 18:00

DIAGNOSES

Penetrating quashot wound of right neck; indeterminate/distant range:

Entrance wound: right lateral upper neck - without evidence of contact or close range firearm discharge on

the skin.

Perforation of soft tissue and muscle of right upper neck, right lateral elements of upper cervical spine;

pharynx/epiglottis, and soft tissue/muscle of left upper neck.

Associated findings: minimal subarachnoid hemorrhage along inferior right cerebellum.

Recovery of fragments of jacketed projectile material from vicinity of left mastoid region.

Direction of fire: from decedent's right to left.

Perforating gunshot wound of right shoulder; indeterminate/distant range:

Entrance wound: posterior right shoulder - without evidence of contact or close range firearm discharge

on the skin.

Perforation of soft tissue and bone along right shoulder region.

Partial exit wound: anterior right shoulder/subclavicular region.

Recovery of fragments of jacketed projectile material from projectile track.

Direction of fire: from decedent's back to front and slightly right to left.

Perforating gunshot wound of left upper back; indeterminate/distant range:

Entrance wound: left upper back - without evidence of contact or close range firearm discharge on the skin.

Perforation of soft tissue and muscle along left upper back, posterior left 7th rib and upper lobe of left lung

(tangentially).

Associated findings: minimal left hemothorax (<100 cc).

Exit wound: left axillary region.

No forensically significant projectile material retained/recovered along projectile track: Medical Examiner

Direction of fire: from decedent's right to left and slightly back to front.

Perforating gunshot wound of left thigh; indeterminate/distant range:

Entrance wound: anterior distal left thigh - without evidence of contact or close range firearm discharge

on the skin.

Perforation of soft tissue along distal left thigh.

Exit wound: posterolateral distal left thigh.

Recovery of fragments of deformed jacketed projectile from clothing along left popliteal region.

Direction of fire: from decedent's front to back, slightly right to left, and slightly downward.

No contributory physical injury unrelated to firearm injury.

No contributory natural disease detected.

Toxicologic findings:

No ethanol detected in postmortem blood.

No drugs detected in postmortem blood aside from caffeine and nicotine.

Investigation: fatal firearm injuries received during reported armed confrontation involving law enforcement

and other shooter(s).

IDENTIFICATION

Body Identified By

Papers/ID Tag

EXTERNAL DESCRIPTION

Length 69 inchesWeight 157 poundsBody Condition IntactRigor 2+; generalized.

Livor Obscured by skin complexion.

Hair Black scalp hair - up to 1/4"; 1/8" mustache; 1" goatee.

Eyes Brown irides; unremarkable conjunctivae.

Teeth Natural dentition - in moderate condition.

Received within a labeled body bag (sealed with lock tab #4944122) are the remains of a well-developed, well-nourished adult male appearing compatible with the reported age. Attesting to decedent identification is an ID tag secured to the body bag.

The body is received clad in: a pair of black socks; a pair of white sneakers; purple/multi-colored underpants; blue denim slacks; and white T-shirt. Worn on the right wrist are three rubber bands. Accompanying the remains is a single dollar bill and a dime.

The head, neck and thorax are well-developed and symmetric with evidence of injury, to be described below. The abdomen is not distended. The back is notable for firearm injury, to be described below. The anus is atraumatic. The extremities are well-developed and symmetric without absence of digits; the fingernails are well trimmed. External genitalia are those of an adult circumcised male without evidence of injury or other abnormality.

A 1 1/4" tan macule is seen along the mid anterior right thigh. Transversely aligned along the anterior

proximal left lower leg is a 1/2" scar. Observed along the inferior right gluteal region is a 3/4" linear scar. Tattoos are observed along the right forearm (doves; "Tennicka"; and halo).

There is no external evidence of medical intervention.

INJURIES

[Firearm Injury]

Penetrating gunshot wound of right neck; indeterminate/distant range:

Entrance wound: Involving the right lateral upper neck, centered 60 1/2" from the heel and 6 1/2" to the right of the anterior midline, is a round gunshot entrance wound (1/4") displaying mostly superolateral marginal abrasion (up to 1/16") - without associated marginal searing, soot/gunpowder deposition, or surrounding gunpowder stippling.

Projectile path: Extending from this entrance wound is a projectile track which perforates the underlying soft tissue and muscle along the right anterolateral neck, the right lateral elements of the upper cervical spine, the pharyngeal region/epiglottis, and the soft tissue/muscle along the lateral left upper neck.

Associated findings: Minimal subarachnoid hemorrhage is observed along the inferior right cerebellum.

Projectile recovery: Fragments of deformed jacketed projectile material are recovered along the projectile track, mostly below the lateral left basal skull in the vicinity of the mastoid region.

Direction of fire: The projectile track is from the decedent's right to left.

Perforating gunshot wound of right shoulder; indeterminate/distant range:

Entrance wound: Involving the posterior right shoulder region, centered 57 1/4" from the heel and 7 1/2" to the right of the posterior midline, is a round 1/4" gunshot entrance wound displaying nearly circumferential marginal abrasion (up to 1/32") - without associated marginal searing, soot/gunpowder deposition, or surrounding gunpowder stippling.

Projectile path: Extending from this entrance wound is a hemorrhagic projectile track which perforates the underlying soft tissue, muscle and bone along the right shoulder region.

Partial exit wound: Along the anterior right shoulder/subclavicular region, centered 56" from the heel and 4 1/2" to the right of the anterior midline, is an irregular, somewhat slit-like partial exit wound (1/2") exhibiting no distinct marginal abrasion/searing, soot/gunpowder deposition, or surrounding gunpowder stippling.

Projectile recovery: Fragments of deformed, jacketed projectile material are recovered along the projectile track.

Direction of fire: The projectile track is from the decedent's back to front and slightly right to left.

Perforating gunshot wound of left upper back; indeterminate/distant range:

Entrance wound: Involving the left upper back, centered 51 1/2" from the heel and 2 1/2" to the left of the posterior midline, is a round 1/4" gunshot entrance wound with mostly medial marginal abrasion (up to 1/8") - without associated marginal searing, soot/gunpowder deposition, or surrounding

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gunpowder stippling.

Projectile path: Extending from the entrance wound is a projectile track which perforates the soft tissue and muscle along the left upper back with subsequent tangential perforation of the posterior left 7th rib and upper lobe of the left lung. Minimal associated left hemothorax (<100 cc) is observed.

Exit wound: Along the left axillary region, centered 51 1/2" from the heel and 8 1/2" to the left of the midline, is an irregular 1/2" gunshot exit wound exhibiting no distinct marginal abrasion/searing, soot/gunpowder deposition, or surrounding gunpowder stippling.

Projectile recovery: No forensically significant projectile material is retained/recovered along the projectile track.

Direction of fire: The projectile track is from the decedent's right to left and slightly back to front.

Perforating gunshot wound of left thigh; indeterminate/distant range:

Entrance wound: Involving the anterior distal left thigh, centered 22 1/4" from the heel, is a round 1/4" gunshot entrance wound displaying thin marginal abrasion - without associated marginal searing, soot/gunpowder deposition, or surrounding gunpowder stippling.

Projectile path: Extending from the entrance wound is a hemorrhagic projectile track which perforates the soft tissue and muscle along the distal left thigh.

Exit wound: Along the posterolateral distal left thigh, centered 19" from the heel, is an irregular 1/2" gunshot exit wound exhibiting no distinct marginal abrasion/searing, soot/gunpowder deposition, or surrounding gunpowder stippling.

Projectile recovery: Fragments of deformed jacketed projectile material are recovered from the vicinity of the exit wound along the adjacent clothing.

Direction of fire: The projectile track is from the decedent's front to back, slightly right to left and slightly downward.

[Other Injury]

A 1/2" abrasion/superficial laceration involves the lateral right eyebrow.

DISPOSITION OF PERSONAL EFFECTS AND EVIDENCE

The following items are released with the body

None.

The following items are preserved as evidence

Clothing/personal items - detailed above.

PROCEDURES

Radiographs

Total body digital radiography obtained - archived at OCME.

Special Evidence Collection

Blood card: pulled scalp hair: and recovered projectile material.

INTERNAL EXAMINATION

Body Cavities

All body organs are present in normal anatomic position. Aside from evidence of minimal left hemothorax (less than 100 cc), the body cavities are free of unusual or significant fluid accumulation; and no serosal adhesions are observed.

Cardiovascular System

Heart Weight 310 grams

The heart exhibits a normal shape with smooth and glistening epicardial surface. The coronary arteries arise normally, follow a right dominant distribution and are widely patent without significant atherosclerosis or thrombosis. The chambers and valves bear the usual size-position relationships and are grossly unremarkable. The myocardium exhibits no notable diffuse or focal abnormality; with left and right ventricular wall thickness of 1.0 cm and 0.2 cm, respectively. The aorta and its major branches are intact and without significant atherosclerosis. The venae cavae and pulmonary artery are free of thrombi/emboli.

Respiratory System

Right Lung Weight 330 grams **Left Lung Weight** 320 grams

Examination of the soft tissues of the neck including the strap muscles and large vessels reveals no focal lesions. The hyoid bone and laryngeal cartilages are intact. The larynx is clear. The lingual mucosa is intact with unremarkable underlying musculature. The upper and lower airways are free of debris and foreign material. Away from firearm injury, previously described, the lungs are normally formed and free of consolidation or other focal lesions. The pulmonary vasculature is free of thrombi/emboli.

Gastrointestinal System

The esophagus, GI tract and content are unremarkable. The stomach contains \sim 30 cc of thick green fluid. The appendix is identified.

Liver

Liver Weight 1200 grams

The hepatic capsule is unremarkable; and the parenchyma displays diffuse congestion with no specific abnormality. The gallbladder contains viscid bile. The extrahepatic biliary tree is patent.

Spleen

Spleen Weight 170 grams

The splenic capsule and parenchyma are essentially unremarkable.

Pancreas

The pancreas exhibits autolytic changes with no specific abnormality.

Urinary

Right Kidney Weight 100 grams **Left Kidney Weight** 100 grams

The kidneys display normal size and shape with smooth cortical surfaces and essentially unremarkable architecture without focal abnormality. The ureters and pelvi-calyceal system are not dilated. The bladder contains ~ 50 cc of straw-colored urine.

Reproductive

Internal genitalia display no apparent abnormality.

Endocrine

The thyroid and adrenal glands are essentially unremarkable.

Neurologic

Brain Weight 1320 grams

Reflection of the scalp reveals no detectable injury. No skull fractures are apparent. The dura mater is unremarkable. The leptomeninges are thin and delicate with evidence of focal minimal subarachnoid hemorrhage overlying the inferior right cerebellar hemisphere. The cerebral hemispheres are symmetrical and externally unremarkable. The vasculature at the base of the brain is intact; free of

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significant atherosclerosis and apparent anomalies. Coronal sections of the cerebrum and transverse sections of the cerebellum and brainstem reveal symmetrical architecture without apparent abnormality.

Skin

No remarkable findings, except as previously noted.

Immunologic System

No remarkable lymphadenopathy is identified. The thymus is largely involuted.

Musculoskeletal System

Essentially unremarkable - except as previously indicated.

MICROSCOPIC EXAMINATION

Microscopic Comment

Representative brain and visceral tissue sections are processed to the level of paraffin blocks.

SUMMARY AND INTERPRETATION

The cause of death of Frederick Cox, an 18-year-old man, is attributed to multiple gunshot wounds involving the right upper neck (x1), right shoulder (x1), left upper back (x1), and left thigh above the knee (x1) - resulting in significant internal injuries including involvement of the left rib cage/lung as well as the upper cervical spine (with presumed associated concussive forces involving the brain matter and upper spinal cord).

Bullet fragments associated with three of the firearm discharges involved were recovered from the body at the time of autopsy.

Postmortem examination additionally revealed no contributory natural disease or other non-firearm injury; and toxicological analysis of the blood showed no evidence of alcohol consumption or drug toxicity.

The decedent was reportedly fatally shot at a funeral during armed confrontation involving law enforcement and other shooter(s).

In view of the overall death investigation and postmortem examination findings, the manner of death is classified as Homicide.

DIAGRAMS

1. Adult MALE autopsy diagram

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