

Mecklenburg County M E Office

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REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B201303260

Autopsy Type ME Autopsy

Name Jonathan Akeen Pierre Ferrell

Age 24 yrs

Race Black

Sex M

AUTHORIZATION

Authorized By Thomas D. Owens MD

Received From Mecklenburg

ENVIRONMENT

Date of Exam 09/14/2013

Time of Exam 11:30

Autopsy Facility Mecklenburg County M E Office **Persons Present** Mr. Tony Autry

CERTIFICATION

Cause of Death

Multiple gunshot wounds of the chest

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

Digitally signed by

Thomas D. Owens MD 31 October 2013 16:12

DIAGNOSES

Gunshot wound injury of the chest, penetrating

Entry of the right supraclavicular shoulder area

Injury to soft tissue and muscle of the right side of the back

Projectile recovered from mid right back area

Gunshot wound of the chest, penetrating

Entry wound of the right upper lateral chest/anterior shoulder

Fracture of the lateral aspect of the right clavicle

Injury to soft tissue and muscle of the right shoulder

Projectile recovered from the upper right posterior back/shoulder muscle

Gunshot wound of the chest, penetrating

Entry wound of the right upper lateral chest

Injury to the chest wall, right lung, superior vena cava, esophagus, aorta, left lung, and left posterior chest wall

Bilateral hemothoraces

Projectile recovered from the left mid lower back musculature

Gunshot wound of the chest, penetrating

Entry wound of the mid chest just right of the center line

Fracture of the costal cartilage of right rib #5

Injuries to the pericardium, right ventricle of the heart, right atrium of the heart, middle and lower lobes of the right lung, diaphragm, liver, and posterior right 11th rib

Hemopericardium and right hemothorax

Projectile recovered in the muscle of the right side of the back below the 11th rib

Gunshot wound of the chest, penetrating

Entry wound of the left supraclavicular area

Injury to soft tissue and muscle of the supraclavicular area and the left side of the back

Injury to small vessels with soft tissue hemorrhage

Projectile recovered from the muscle in the left mid back area

Gunshot wound of the chest, penetrating

Entry wound of the upper chest just left of the midline overlying the clavicle
Fracture of the head of the clavicle at the sternoclavicular joint
Perforation of the left subclavian artery at the takeoff from the aortic arch
Perforating injuries to the trachea and esophagus
Penetration into and fracturing of the T5 vertebral body
Projectile recovered from the T5 vertebral body
Left hemothorax
Hemorrhage into the airway and upper GI tract
Gunshot wound of the chest, penetrating
Entry wound of the left upper chest
Fracturing of the anterior left 1st rib
Perforating injury of the aortic arch and the left pulmonary artery at the left hilum
Fracturing of the posterior aspect of left rib #6
Left hemothorax
Projectile recovered from the muscle of the back behind rib #7
Gunshot wound of the chest, penetrating
Entry wound of the left upper chest
Fracturing of the anterior left rib #2
Perforation of the superior aspect of the lower lobe of the left lung
Left hemothorax
Injury to the posterior left chest wall
Projectile recovered from posterior left chest wall/back muscle
Gunshot wound injury of the left upper arm, perforating
Entry wound of the anterior upper left arm (biceps area)
Injury to the soft tissue and muscle of the medial upper left arm
Exit wound of the posterior medial upper left arm
Copper jacketing retained in muscle tissue just beneath exit wound, no lead core
Gunshot wound of the abdomen, penetrating
Entry wound of the left mid to upper abdomen
Injury of the anterior abdominal wall and muscle, perforations of the bowel, and injury to the left psoas muscle
Focal fracture of the left transverse process of the L4 vertebral body
Projectile recovered from the left lower back/upper buttocks area
Focal linear abrasions of the midline upper forehead area
Focal abrasion of the posterior right lower forearm/wrist area

IDENTIFICATION

Body Identified By

Papers/ID Tag

EXTERNAL DESCRIPTION

Length 72 inches
Weight 225 pounds
Body Condition Intact
Rigor 3+
Livor Posterior
Hair Black
Eyes Brown
Teeth Natural

Received in a sealed body bag is the body of an adult black male who is in a prone position with his hands behind his back and handcuffs secured around the wrists. The hands are further covered in paper bags which are secured at the wrists. The handcuffs are removed and the body is turned into a supine position for examination. A yellow metal watch is noted on the left wrist. The body is clothed in

a blood soaked tee shirt, jeans, belt, underwear, and socks. Removal of the clothing reveals a well-developed, muscular male with multiple gunshot wound injuries as described below. There are corresponding defects in the tee shirt. Removal of the bags from the hands reveals small amount of liquid and dried blood and the hands are otherwise unremarkable. There are no scars or tattoos present on the body. Evidence of recent medical therapy includes EKG leads on the body.

INJURIES

GUNSHOT WOUNDS:

The gunshot wound injuries are numbered for convenience in description only; this does not indicate the order of infliction. Examination of the clothing reveals defects that correspond with the locations of the wounds on the body. No detailed examination of the clothing for soot or stippling is performed.

GUNSHOT WOUND #1:

Located on the right supraclavicular area/superior shoulder near the lateral base of the neck, 8½" from the top of the head and 3¾" from the anterior midline of the neck, is a 3/8" x ¼" round/ovoid gunshot entrance wound with an 1/8" marginal abrasion along the posterior/superior aspect. No soot or stippling is identified around the wound. The wound track perforates through the skin, soft tissue, and muscle passing into the right side of the back. A large caliber lead projectile and copper jacketing are recovered from the right side of the back in the muscle/subcutaneous tissue.

This is a penetrating gunshot wound injury of the chest with the wound track traveling downward and slightly back with the body in an upright anatomical position. This has resulted in injury to the soft tissue and muscle of the right upper shoulder and back.

GUNSHOT WOUND #2:

Located on the right upper chest/anterior shoulder overlying the lateral aspect of the clavicle, 9¼" from the top of the head and 4½" from the anterior midline of the body, is a ½" x 3/8" oval gunshot entrance wound with a slightly irregular circumferential marginal abrasion measuring 3/16" to ¼". No soot or stippling is identified around the wound. The wound track perforates through the skin and fractures the lateral aspect of the clavicle. The wound track continues into the underlying soft tissue and muscle of the right posterior upper back and shoulder area. A large caliber lead projectile and copper jacketing is recovered from the right upper back/posterior shoulder muscle and soft tissue.

This is a penetrating gunshot wound of the right chest/shoulder area with the wound track traveling downward and back with the decedent's body in an upright anatomical position. This has resulted in injury to the clavicle, soft tissue, and muscle of the shoulder and back area.

GUNSHOT WOUND #3:

Located on the right upper lateral chest, 11½" from the top of the head and 4½" from the anterior midline of the body, is a 3/8" round gunshot entrance wound with a 1/16" marginal abrasion along the superior aspect. No soot or stippling is identified around the wound. The wound track perforates through the skin and enters the chest cavity through the first intercostal space. The track continues through the upper lobe of the right lung, perforates the superior vena cava, and then passes below the right main stem bronchus. The wound track then perforates the esophagus and the aorta as it crosses to the left side of the chest and perforates through the basilar portion of the lower lobe of the left lung. The projectile exits the chest cavity through the left lateral 10th intercostal space. Associated with this and several other gunshot wound injuries of the chest is approximately 1 liter of right hemothorax and 1.5 liters of left hemothorax. A large caliber gray metal projectile and associated copper jacketing is recovered from the muscle of the left lateral back near the 10th rib.

This is a penetrating gunshot wound injury of the chest with the wound track traveling from front-to-back, downward, and from right-to-left with the body in an upright anatomical position. This has resulted in injury to the bilateral chest wall, both lungs, superior vena cava, esophagus, and aorta with significant hemorrhage and is lethal.

GUNSHOT WOUND #4:

Located on the mid portion of the chest, 17¼" from the top of the head and ½" right of the anterior midline of the body, is a 3/8" round gunshot entrance wound with a slightly less than 1/16" marginal abrasion along the superior and medial aspects. No soot or stippling is identified around the wound. The wound track perforates through the anterior chest wall and costal cartilage of right rib #5. The track continues with perforation of the pericardial sac, perforation of the lateral edge of the right atrium of the heart, graze injury of the right ventricle of the heart, small graze injury to the medial aspect of the middle lobe of the right lung, perforation of the medial basilar edge of the lower lobe of the right lung, passes through the diaphragm, perforates through the liver, and passes back through the diaphragm into the lower posterior chest cavity. The projectile exits the chest cavity with fracturing of the posterior right 11th rib. Associated with this is right hemothorax. There is also approximately 100 cc of liquid and clotted hemopericardium. A large caliber lead projectile and copper jacketing are recovered from the mid-to-lower right back muscle adjacent to the vertebral column.

This is a penetrating gunshot injury of the chest with the wound track traveling from front-to-back, downward, and slightly from left-to-right with the decedent's body in an upright anatomical position. This has resulted in injury to the chest wall, heart, right lung, diaphragm, and liver with hemorrhage and is potentially lethal.

GUNSHOT WOUND #5:

Located on the left supraclavicular area, 9" from the top of the head and 4" from the anterior midline of the neck, is a 3/8" round gunshot entrance wound with a ¼" marginal abrasion along the posterior/superior aspect. No soot or stippling is identified around the wound. The wound track perforates through the soft tissues of the left supraclavicular area with damage to small vessels and hemorrhage into the soft tissue. The wound track continues into the muscle of the back. A large caliber gray metal projectile and associated copper jacketing is recovered from the muscle/subcutaneous tissue of the left mid back.

This is a penetrating gunshot wound injury of the supraclavicular area and upper back with the wound track traveling downward and slightly from front-to-back with the decedent's body in an upright anatomic position. This has resulted in injury to soft tissue and muscle with local hemorrhage into the soft tissue.

GUNSHOT WOUND #6:

Located on the left upper chest at the sternoclavicular joint, 11¼" from the top of the head and ½" from the anterior midline of the body, is a 7/16" x 5/16" oval gunshot entrance wound with a 1/16" marginal abrasion along the superior aspect. No soot or stippling is identified around the wound. The wound track perforates through the skin and fractures the head of the clavicle just lateral to the sternoclavicular joint. Wound track continues into the underlying tissue with transection of the left subclavian artery near its takeoff from the aortic arch. Wound track continues with a perforation of the left lateral aspect of the trachea just above the origin of the left main stem bronchus and then perforates through the esophagus. Associated with this is left hemothorax as well as hemorrhage into the mediastinal tissues, trachea, and the esophagus. The wound track terminates with fracturing of the T5 vertebral body. A large caliber gray metal projectile and associated copper jacketing is recovered from within the T5 vertebral body.

This is a penetrating gunshot wound injury of the chest with the wound track traveling front-to-back, downward, and slightly from left-to-right with the body in an upright anatomical position. This has resulted in injury to the left clavicle, left subclavian artery, trachea, esophagus, and T5 vertebral body with associated hemorrhage and would be lethal.

GUNSHOT WOUND #7:

Located on the left upper chest wall, 12" from the top of the head and 1¼" from the anterior midline of the body, is a 9/16" x 5/16" oval gunshot entrance wound with a 1/16" marginal abrasion along the superior and lateral aspects. No soot or stippling is identified around the wound. The wound track

perforates through the skin and fractures the anterior of left rib #1 before passing through the aortic arch and the left pulmonary artery at the left hilum. As previously stated, there is a large amount of left hemothorax as well as hemorrhage into the mediastinal soft tissue. The wound track passes through the posterior left rib #6 with fracturing of the rib and then into the muscle of the back behind rib #7. A large caliber gray metal projectile and copper jacketing are recovered from the muscle behind left rib #7.

This is a penetrating gunshot wound injury of the chest with the wound track traveling downward and from front-to-back with the body in an upright anatomical position. This has resulted in injury to the chest wall, aorta, and left pulmonary artery with significant hemorrhage and would be lethal.

GUNSHOT WOUND #8:

Located on the left upper chest, 13" from the top of the head and 2" from the anterior midline of the body, is a ½" x 5/16" oval gunshot entrance wound with a 1/16" marginal abrasion along the superior and lateral aspect. No soot or stippling is identified around the wound. The wound track perforates through the chest wall with fracturing of rib #2 and then passes through the superior most aspect of the lower lobe of the left lung. The projectile continues through the chest cavity and exits the posterior left 10th intercostal space. A large caliber gray metal projectile and copper jacketing are recovered from the muscle in the left side of the back behind the 11th rib.

This is a penetrating gunshot wound of the chest with the wound track traveling front-to-back and downward and slightly from left-to-right with the body in an upright anatomic position. This has resulted in injury to the chest wall and left lung and is potentially lethal.

GUNSHOT WOUND #9:

Located on the anterior upper left arm (biceps), 19½" from the top of the head is a 3/8" x 1/8" oval entrance wound with a 3/16" marginal abrasion located along the inferior and lateral aspects. No soot or stippling is identified around the wound. The wound track perforates through the soft tissue and muscle of the medial aspect of the upper arm. There is no evidence of injury to major vessels and no damage to the underlying bone. A ½" x 3/16" exit wound is located on the posterior medial left upper arm, 15½" from the top of the head. Exploration of the muscle just beneath the exit wound reveals a nearly complete, deformed, large caliber projectile copper jacketing. The gray metal lead core is not identified.

This is a perforating gunshot wound injury of the left upper arm with the wound traveling from front-to-back, upward, and slightly from left-to-right with the decedent's body in an upright anatomical position. This has resulted in injury to soft tissue and muscle of the left upper arm area.

GUNSHOT WOUND #10:

Located on the left upper abdominal wall, 23" from the top of the head and 1¾" from the anterior midline of the body, is a 5/16" x 1/8" oval gunshot entrance wound with a 5/16" x 3/8" leading abrasion located along the superior/medial aspect. No soot or stippling is identified around the wound. The wound track perforates through the anterior abdominal wall muscle and perforates through several loops of bowel before passing through the left psoas muscle. There is a focal fracture of the tip of the left transverse process of the L4 vertebral body. A large caliber gray metal projectile and copper jacketing material is recovered from the left lower back/upper buttocks area in the muscle. Associated with this is leakage of a small amount of bowel contents into the abdominal cavity. There is also a minimal amount of hemorrhage in the abdominal cavity.

This is a penetrating gunshot wound injury of the abdomen with the wound track traveling from front-to-back, downward, and slightly from right-to-left with the body in an upright anatomical position. This has resulted in injury to the abdominal wall, bowel, left psoas muscle, and muscle of the lower back/upper buttocks.

OTHER INJURIES:

Located on the central upper portion of the forehead, 1½" from the top of the head, is a ½" linear

abrasion and an area of discontinuous linear abrasion measuring in total 1½" in length. There is a small amount of focal underlying subgaleal hemorrhage in the scalp tissue. No skull fractures are present. There is no injury to the underlying cranial contents/brain.

There is a ½" long superficial abrasion running horizontally across the posterior lower right forearm/upper wrist area. This is in the location where the handcuffs were previously located.

DISPOSITION OF CLOTHING AND PERSONAL EFFECTS

The following items are preserved as evidence

All clothing and yellow metal wristwatch

PROCEDURES

Radiographs

Multiple anterior/posterior and lateral views of the body from the neck down to the pelvis and of the left arm reveal multiple radiopaque objects consistent with projectile lead cores and jacketing material. These correspond with the projectiles recovered at autopsy. Fractures are evident to the clavicles and ribs.

Special Evidence Collection

Handcuffs, blood stain card, fingernail swabs from right hand, fingernail swabs from left hand, projectiles from gunshot wounds #1 thru #10, and multiple small gray metal and copper color projectile fragments from throughout the chest are collected. These items are turned over to CMPD Det. Morales on 9/16/13 as per the Evidence Disposition form.

INTERNAL EXAMINATION

Body Cavities

The organs are present in the correct anatomic locations with injuries and hemorrhage present as previously described.

Cardiovascular System

Heart Weight 380 grams

Injuries are present as previously described. The coronary arteries have a normal takeoff and distribution and show no atherosclerotic disease. The chambers, walls, and valves are all otherwise unremarkable. Sectioning reveals normal unremarkable myocardium. Other than the previously described injuries, the aorta and its major branches are unremarkable.

Respiratory System

Right Lung Weight 310 grams

Left Lung Weight 250 grams

Injuries are present as previously described. The remainder of the upper airways are unremarkable. The lungs are otherwise normally formed with no evidence of thromboembolus, consolidation, or other lesions.

Gastrointestinal System

The oral cavity and tongue are unremarkable. Injuries are present to the esophagus as previously described. The stomach contains approximately 100 cc of partially digested food material with an unremarkable mucosa. Injuries are present as previously described to the intestines. The intestines are otherwise unremarkable.

Liver

Liver Weight 1470 grams

Injuries are present as previously described. The liver is otherwise unremarkable on sectioning. The gallbladder and biliary tree are unremarkable.

Spleen

Spleen Weight 100 grams

Unremarkable

Pancreas

Unremarkable

Urinary

Right Kidney Weight 110 grams

Left Kidney Weight 110 grams

The renal vasculature and ureters are unremarkable. Normal renal architecture on sectioning. The bladder contains no urine.

Reproductive

Normal male anatomy with unremarkable prostate gland.

Endocrine

The thyroid gland and the adrenal glands are unremarkable

Neurologic

Brain Weight 1350 grams

The leptomeninges are thin, delicate, and clear. The vasculature at the base of the brain is unremarkable. The cerebral hemispheres show a normal gyral pattern with no edema. Sectioning the cerebrum, cerebellum, and brainstem reveals normal architecture without focal lesions or hemorrhage.

Skin

Multiple injuries are present as previously described.

Immunologic System

Small amount of unremarkable residual thymic tissue. Unremarkable lymph nodes.

Musculoskeletal System

Multiple injuries are present as previously described.

MICROSCOPIC EXAMINATION

Microscopic Comment

Tissue samples are processed into blocks and held. No microscopic examination is performed.

SUMMARY AND INTERPRETATION

This was a 24-year-old man who appears to have been involved in a car accident followed by an interaction with Charlotte-Mecklenburg Police Department in which he was shot several times and died at the scene.

Postmortem examination reveals a well-developed, muscular young adult black male with a total of ten gunshot wound injuries of the body. Three of these gunshot wound injuries enter the shoulder/supraclavicular areas and cause localized soft tissue and muscle damage as well as a clavicle fracture. These wounds are not likely to be lethal. There are five penetrating gunshot wound injuries to the chest which cause injury to the chest wall, ribs, heart, lungs, aorta, esophagus, and trachea as well as focal injury to the liver. Associated with these is greater than 1 liter of right hemothorax and approximately 1.5 liters of left hemothorax. There is also 100 cc of left hemopericardium. These are lethal/potentially lethal injuries. All of these eight gunshot wounds have a similar trajectory from front-to-back and downward with some lateral deviation on a couple of the wounds. There is a perforating gunshot wound injury to the left upper arm which travels from front-to-back resulting in injuries to the soft tissue and muscle only. There is also a penetrating gunshot wound of the abdomen which causes injury to the intestines, left psoas muscle and the soft tissue/muscle of the lower back and buttocks. The trajectory of this wound is from front-to-back, downward, and slightly from right-to-left. Ten projectiles are recovered in total. Other injuries include focal linear abrasions on the central upper portion of the forehead with small underlying subgaleal hemorrhage and no skull fractures or injury to the cranial contents. A small abrasion is noted on the lower posterior right forearm area where the handcuffs were previously located. There is no evidence of any significant natural disease. Toxicological analysis of postmortem blood sample reveals the presence of both caffeine and nicotine

along with 60 mg/dL ethanol. No benzodiazepines, cocaine metabolite, gabapentin/pregabalin, opiates/opioids, organic acids/neutrals, or other organic bases are detected. The toxicology testing does not cover all possible medications/substances. Further toxicology testing may be necessary for certain specific substances.

The cause of death in this case is multiple gunshot wounds of the chest.

DIAGRAMS

1. ADULT (FRONT/BACK)
2. ADULT (FRONT/BACK)
3. ADULT (FRONT/BACK)

State of North Carolina

Name of Decedent: JONATHAN FERRELL

Office of the Chief Medical Examiner

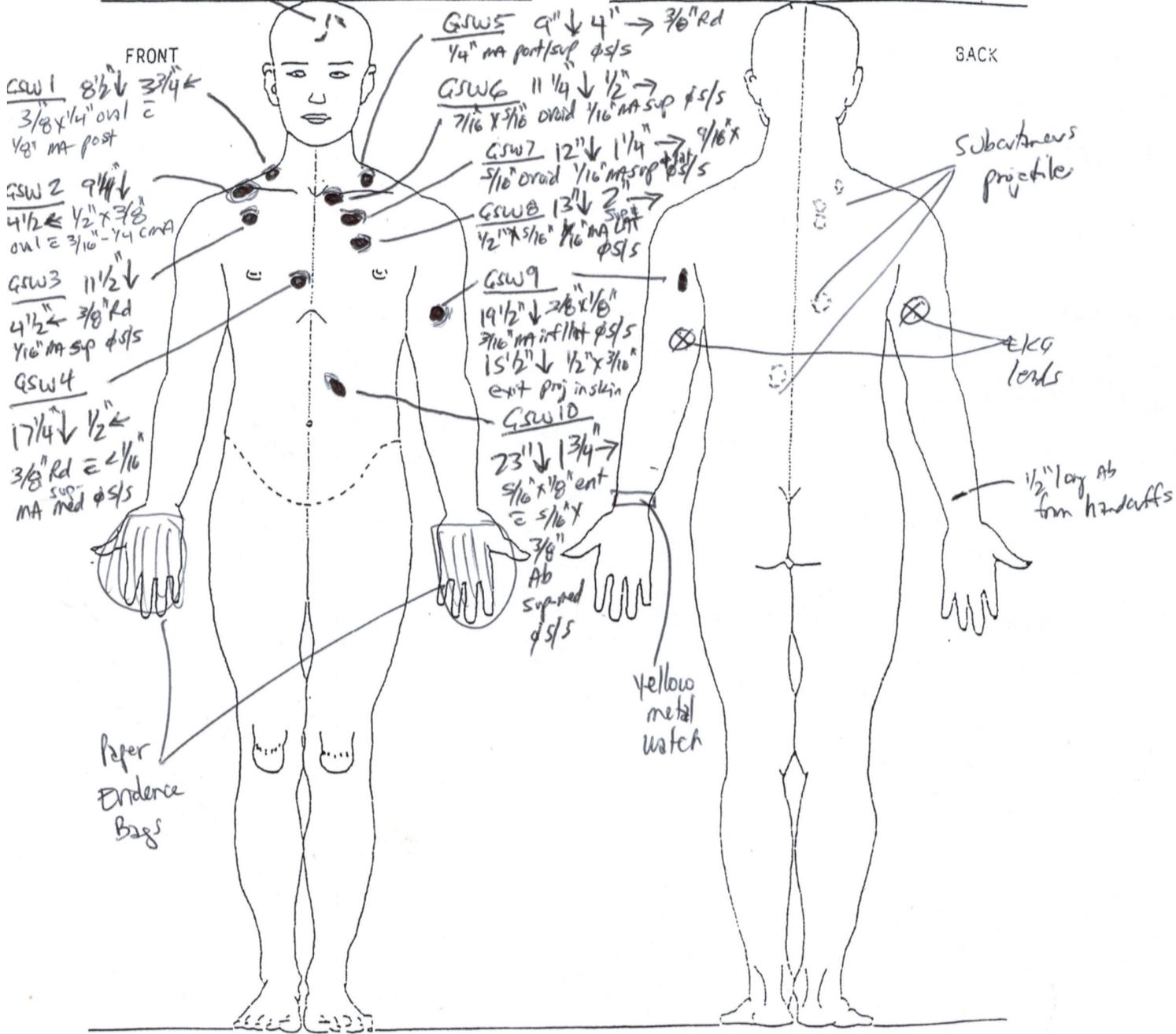
Autopsy # B13-3260

Chapel Hill, North Carolina 27599-7580

Examined By: IDO Date: 9/14/13

BODY DIAGRAM: ADULT (Front/Back)

1 1/2" ↓ 1/2" LA #
Discont 1 1/2" LA



FRONT

GSW 1 8 1/2" ↓ 3 3/4" ←
3/8" x 1/4" oval
1/8" MA post

GSW 2 9 1/4" ↓
4 1/2" ← 1/2" x 3/8"
oval ± 3/16" - 1/4" cMA

GSW 3 11 1/2" ↓
4 1/2" ← 3/8" rd
1/16" MA sup φ/s/s

GSW 4
17 1/4" ↓ 1/2" ←
3/8" rd ± 2 1/16"
MA sup med φ/s/s

GSW 5 9" ↓ 4" → 3/8" rd
1/4" MA post/sup φ/s/s

GSW 6 11 1/4" ↓ 1/2" →
7/16" x 3/16" oval 1/16" MA sup φ/s/s

GSW 7 12" ↓ 1 1/4" → 9/16" x
5/16" oval 1/16" MA sup φ/s/s

GSW 8 13" ↓ 2" →
1/2" x 5/16" 1/16" MA lat φ/s/s

GSW 9
19 1/2" ↓ 2 1/8" x 1/8"
3/16" MA inf/lat φ/s/s
15 1/2" ↓ 1/2" x 3/16"
ext proj in skin

GSW 10
23" ↓ 1 3/4" →
5/16" x 1/8" ext
± 5/16" x
3/8" Ab
sup med φ/s/s

BACK

Subcutaneous projectile

EKG leads

1/2" long Ab from handcuffs

Paper Evidence Bags

Yellow metal watch

DEHNR 1917 (4/97)
Medical Examiner

This form may be photocopied.

Doc. 1 - 3

State of North Carolina

Name of Decedent:

JONATHAN FERRELL

Office of the Chief Medical Examiner

Autopsy #

B13-3260

Chapel Hill, North Carolina 27599-7580

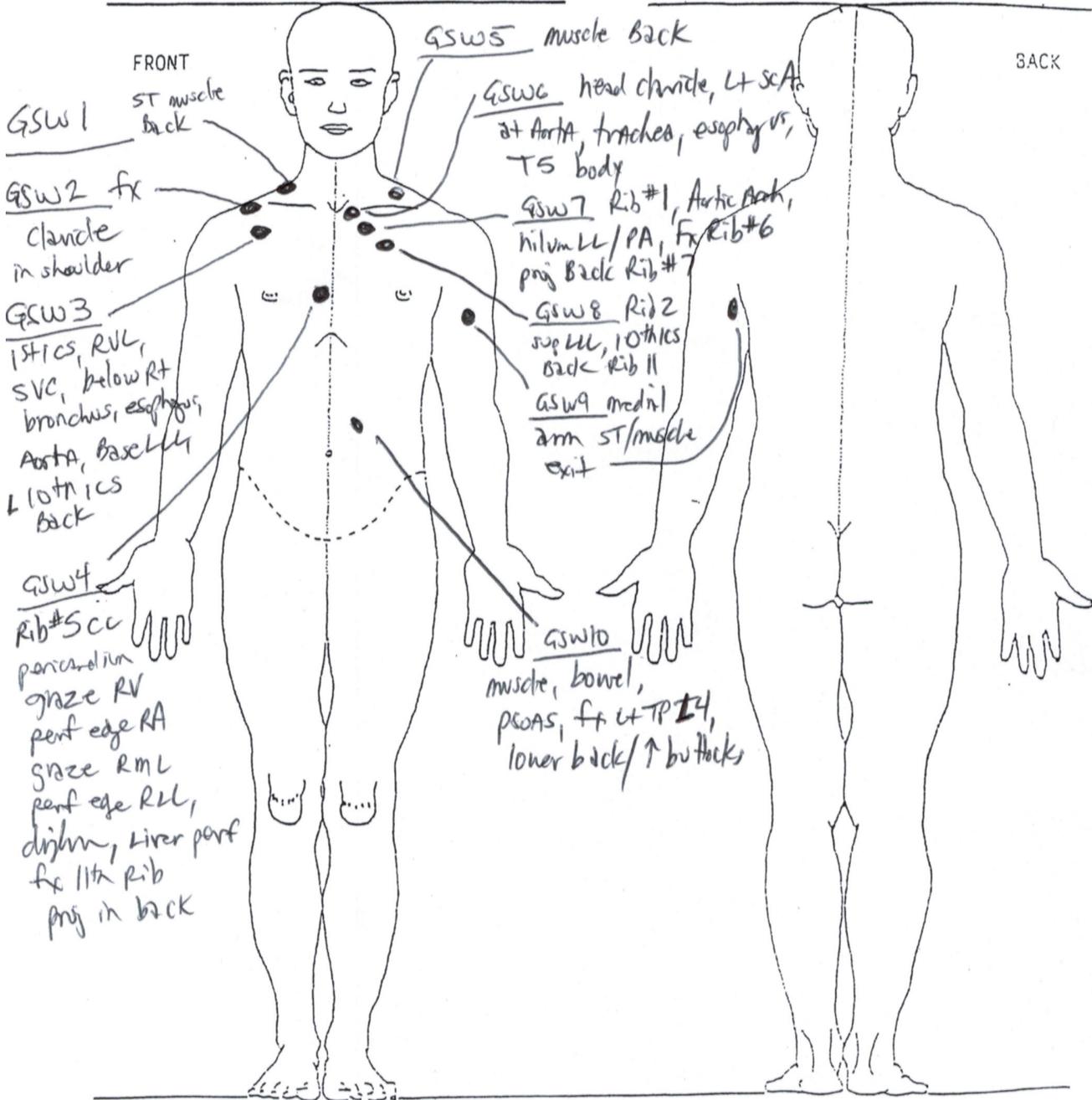
Examined By:

TDO

Date:

9/14/13

BODY DIAGRAM: ADULT (Front/Back)



DEHNR 1917 (4/97)
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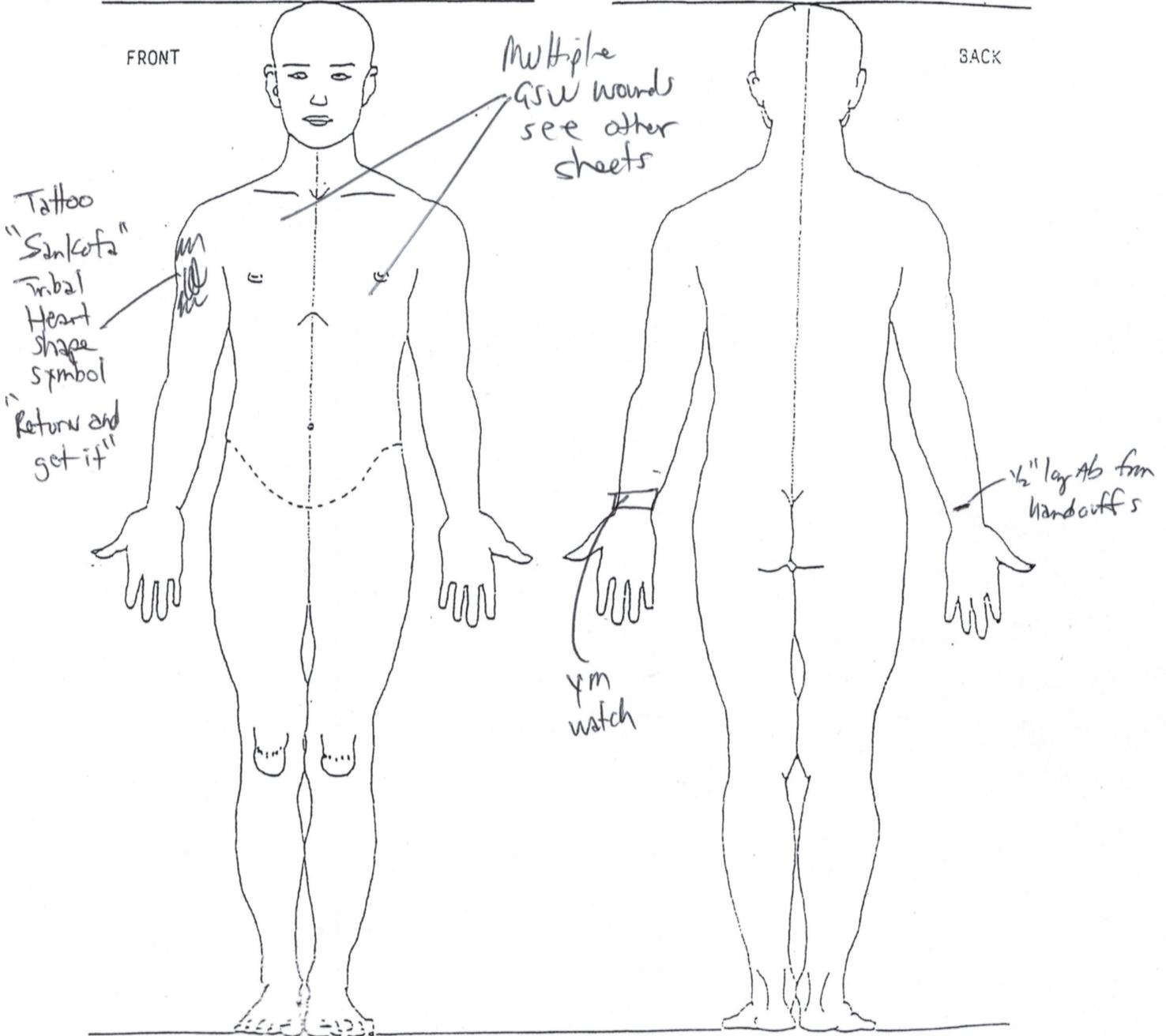
Autopsy # B13-3260

Examined By: TDO Date: 9/14/13

BODY DIAGRAM: ADULT (Front/Back)

FRONT

BACK



DEHR 1917 (4/97)
Medical Examiner

This form may be photocopied.

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