



TRAVIS COUNTY  
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MEDICAL EXAMINER REPORT

NATHANIEL SANDERS, II

ME 09-01633

The postmortem examination was performed by Satish Chundru, D.O., Deputy Chief Medical Examiner, beginning at 12:30 p.m. on 05/11/2009, at the Travis County Forensic Center, Austin, Texas.

**EXTERNAL EXAMINATION:**

The body is that of a 74 inch, 146 pound, black male who appears the reported age of 18 years. Rigor mortis is full in the jaw and moderate in the extremities. Lividity is posterior and fixed. The body is slightly warm.

The scalp hair is black, tightly curled, and short. Facial hair consists of a thin mustache and chin hair. The irides are brown, and the corneas have no arcus senilis. The sclerae are white. The conjunctivae are clear and are free of petechiae. The ears are normally formed. The nares are patent and the nasal septum is not perforated. The oral mucosa is tan, moist, and intact. The teeth are natural and are in good repair.

The neck is symmetric and the trachea is midline. The neck is free of injury.

The chest and abdomen are soft. The abdomen is flat.

The upper and lower extremities are symmetric. The extremities are not edematous. The wrists have no injuries or scars. The right knee has patchy small scars. A 5 x 0.5 centimeter vertical scar is on the anterior left upper shin. A 1.2 centimeter in diameter scar is on the medial aspect of the left foot.

The back is symmetric.

The external genitalia are those of a male and are free of injuries or lesions. The penis is circumcised. The testes are palpably descended. The anus has no external hemorrhoids, skin tags or obstruction.

The body is identified by tags.

### **IDENTIFYING MARKS:**

The lateral right mid to lower bicep has a tattoo of a money bag with money bills around it and the phrase "Paper Chasin." The posterior right forearm has a tattoo of five Asian characters written vertically. The posterior left forearm has letters/symbols that are illegible and are written vertically.

### **CLOTHING:**

The decedent has on red socks, red/white basketball shoes, blue jean shorts, and a black belt. The jean shorts are cut down the middle of each leg, anteriorly. The decedent has on boxers with blue stripes and is bloody anteriorly. The decedent has on a bloody, red, short sleeve t-shirt that is cut anteriorly along the midline. The left shoulder of the shirt has two defects; one defect is 4 x 2 centimeters and the other defect is 1.5 x 0.7 centimeters.

### **MEDICAL INTERVENTION:**

An intubation tube is in the oral cavity. Three electrocardiographic leads are on the body.

### **EVIDENCE OF INJURY:**

**NOTE: The gunshot wounds are not necessarily listed in order of severity or occurrence:**

### **PENETRATING GUNSHOT WOUND OF HEAD:**

An irregular entrance-type defect is just left of the posterior midline of the scalp 4-1/4 inches below the top of the head and a 1/2 inch to the left of the posterior midline. The wound defect is approximately 1.1 centimeters in diameter and has stellate lacerations at the 12 o'clock, 1 o'clock, 3 o'clock, 5 o'clock, and 9 o'clock positions; the longest laceration is at the 12 o'clock position (1.5 centimeters). The defect has an abrasion ring; the abrasion is widest at the 9 o'clock position (0.3 centimeters). Soot and stippling are not visible. The wound is covered by thin short scalp hair. Recovered within the entrance wound is a spongy tan piece of foreign matter that is bloody.

The bullet perforates the mid to left superior aspect of the posterior cranial fossa, occipital pole of the right cerebrum, and exits the brain at the anterior/lateral/inferior aspect of the right parietal brain lobe. The bullet then perforates the calvarium along the right parietal bone and a bullet is recovered under the scalp 3-3/4 inches below the top of the head, and 3 inches superior and a 1/2 inch anterior to the center of the right external auditory canal. The bullet is deformed, has a yellow jacket, and is placed in an appropriately labeled evidence envelope.

Associated with the wound pathway are subarachnoid hemorrhages predominantly of the occipital brain lobes, small amount of subdural hemorrhage, subgaleal hemorrhage around the bony wounds, calvarial fractures, posterior and middle cranial fossae fractures, inward beveling of the bony entrance wound and outward beveling of the bony exit wound, pulverization of the

right occipital brain lobe, disruption of the posterior aspect of the left occipital brain lobe, and gray matter contusions of the right and left occipital brain lobes predominantly on the right side.

The wound pathway, with the body in the normal anatomic position, is left to right, back to front, and upwards.

#### **PENETRATING GUNSHOT WOUND OF LEFT SHOULDER/LEFT CHEST:**

An entrance-type defect is on the anterolateral left shoulder 2 inches below the top of the left shoulder, 12-1/2 inches below the top of the head, and 6-1/4 inches to the left of the anterior midline. The wound defect is 2 x 1.5 centimeters and has an irregular, dark red, dry abrasion ring; the abrasion is least in width at the 12 o'clock position (0.1 centimeters) and is widest from the 3:00 o'clock to 4:30 o'clock position (1.3 centimeters). From the 3:00 o'clock to 4 o'clock position beyond the abrasion ring is a 1.2 x 0.8 centimeter dark red abrasion that is in continuity with the abrasion ring; lateral to this abrasion is a 1.1 x 0.3 centimeter red abrasion. Surrounding the wound predominantly on the medial aspect is a 5 x 4 centimeter area of light purple ecchymosis. Soot and stippling are not visible.

The bullet perforates the soft tissues and muscles of the anterior left shoulder, left subclavian artery, left chest wall apex, periphery of the left upper lung lobe near the apex, posterior aspect of the periphery of the left upper lung lobe, and exits the left chest cavity at the posterior aspect of the second intercostals space/third rib. The bullet then penetrates the soft tissues and muscles of the paravertebral area, and a deformed, yellow jacketed bullet is recovered underneath the skin along the posterior midline 14-3/4 inches below the top of the head. The bullet is placed in an appropriately labeled evidence envelope.

Associated with the wound pathway is a 1.5 x 0.3 centimeter defect in the left subclavian artery and approximately 1450 cubic centimeters of blood and blood clot in the left chest cavity.

The wound pathway, with the body in the normal anatomic position, is left to right, front to back and downwards.

#### **OTHER INJURIES:**

A 1.5 x 1.0 centimeter dark red abrasion is a few centimeters above the medial aspect of the right eyebrow.

The lateral aspect of the right lower chest/right upper abdomen has red to dark red patternless abrasions over a 12 x 9 centimeter area. A 2.5 x 1.5 centimeter dark red abrasion is on the lateral aspect of the anterior right hip.

A 1.5 x 1.0 centimeter healing red abrasion is on the lateral aspect of the right knee. A 3 x 2 centimeter red abrasion is on the anterior right upper shin. A 1 x 0.4 centimeter red abrasion is on the anterolateral right mid to lower shin. A 1.0 x 0.3 centimeter healing tan abrasion is on the anteromedial right mid to lower shin. The left knee has patchy dark brown abrasions.

**INTERNAL EXAMINATION:**

The chest and abdominal wall musculature has focal areas of hemorrhage; there is hemorrhage over the right pectoralis major muscle. The organs are in their normal anatomic positions and have no neoplasm. The uninjured ribs are unremarkable. The clavicles are intact. The left pleural cavity has blood as previously described and no adhesions. The right pleural cavity has no fluid or adhesions. The abdominal cavity has no fluid or adhesions. The thymus is in the anterior mediastinum, is tan, and has no lesions. The strap muscles of the neck are free of hemorrhages or injuries. The body cavities have no aromatic odor.

The heart is 300 grams and has a smooth, glistening epicardium. The coronary ostia are patent and normally situated. The coronary circulation is right dominant and has no gross atherosclerotic disease. The left ventricular myocardium is red-brown, firm, and has no necrosis or scars. The papillary muscles are red-brown, firm, and have no necrosis or scars. The posterior wall of the right ventricle has no fatty infiltration or scars. The chordae tendineae are thin, delicate, and separate. The atrioventricular valves are normally formed and are free of stenosis, thickening, or ballooning changes. The semilunar valves are delicate and have no stenosis, calcifications, or thickening. The fossa ovalis is fused. The aorta is patent and has very minimal atherosclerotic disease.

The right and left lungs are 260 grams and 230 grams, respectively. The pleural surfaces are pink to purple and have minimal anthracotic pigmentation. The parenchyma is red-tan, mildly firm to spongy, and has no consolidations, nodules, or neoplasm. The lungs are not edematous. The tracheobronchial tree arborizes in a normal pattern and is free of mucous plugs. The pulmonary vasculature has no thromboemboli or atherosclerosis. The larynx and trachea are lined by pink-tan mucosa without lesions or injuries. The hyoid bone and the thyroid and cricoid cartilages are palpably intact.

The tongue has no bite marks, hemorrhages, or neoplasm. The esophagus is patent and has a white mucosa without tears, ulcers, strictures, or neoplasm. The lower esophageal mucosa is white and distinct. The stomach contains approximately 400 cubic centimeters of semi-thick brown fluid with unidentifiable partially digested food matter. The stomach serosa is smooth and the mucosa has no hemorrhages, ulcers, or neoplasm. The small and large intestines have smooth serosas and are free of palpable neoplasm, diverticuli, or ischemic changes. The appendix is normal. The rectum is filled with green, pasty stool.

The liver is 1275 grams. The capsule is intact and transparent. The parenchyma is brown, mildly firm, and has no neoplasm, nodules, or necrosis. The gallbladder has a smooth, glistening serosa, a normal, velvety, green mucosa, and contains approximately 15 cubic centimeters of viscid, amber bile.

The pancreas has a tan-brown, lobular parenchyma without neoplasm, nodules, cysts, fibrosis, hemorrhage, or necrosis.

The adrenal glands have thin, yellow-brown cortices and gray medullae. The thyroid gland is not enlarged and has a homogenous, purple parenchyma without neoplasm, nodules, cysts, or necrosis.

The spleen is 80 grams. The capsule is intact and translucent. The parenchyma is mildly firm and has no neoplasm, nodules, or necrosis. The white pulp is unremarkable.

The right and left kidneys are 115 grams each. The capsules are intact and translucent. The cortical surfaces are smooth and have no cysts or nodules. The parenchyma is red-brown, has distinct corticomedullary junctions, and has no neoplasm, nodules, or necrosis. The calyceal-pelvic system is unobstructed and not dilated. The pelvic mucosa is smooth and glistening. The ureters are normal in course and caliber to the urinary bladder and have no neoplasm or obstruction. The urinary bladder is lined by white-tan, smooth mucosa without neoplasm or hemorrhages and contains approximately 175 cubic centimeters of clear, yellow urine.

The prostate gland is not enlarged and has a homogenous, white-tan parenchyma without neoplasm, nodules, or necrosis.

The scalp and calvarium are as previously described. The brain is 1375 grams and is slightly edematous. The gyri are slightly flattened and the sulci are slightly narrowed. The leptomeninges are not congested. No hemorrhage is in the epidural space. Subdural and subarachnoid hemorrhages are as previously described. The cerebral hemispheres are symmetric. The anterior gray matter is free of contusion and is clearly delineated from the white matter. The ventricles are not dilated and have normal choroid plexuses. The deep nuclei, hippocampi, and mamillary bodies are symmetric and normally formed. The substantia nigra is normally pigmented. The pons, medulla, and upper cervical cord are free of injuries. The cerebellum is normally formed and has normal folia and dentate nuclei. The vessels of the circle of Willis are patent and are free of atherosclerosis or abnormality. The anterior cranial fossa has no fractures. The middle and posterior cranial fossae have fractures as previously described. The pituitary gland appears unremarkable within the sella turcica. The vertebral column is not injured.

#### **FINDINGS:**

- 1. Penetrating gunshot wound of head; bullet recovered.**
- 2. Penetrating gunshot wound of left shoulder/left chest; bullet recovered.**
- 3. Minor healing and recent abrasions of the body.**

**CONCLUSION:**

Based upon the history and autopsy findings, it is my opinion that the decedent died as the result of gunshot wounds.

**MANNER:**

**Homicide.**



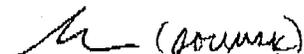
Satish Chundru, D.O.  
Deputy Chief Medical Examiner

DATE SIGNED: 5/20/09



Leisha E. Wood, M.D.  
Deputy Medical Examiner

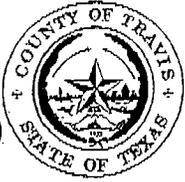
DATE SIGNED: 5/21/09



David Dolinak, M.D.  
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Sanders, Nathaniel II  
Pathologist : Dr. Satish Chundru  
Date Completed : 5/27/2009

Assay/Specimen	Substance	Result	Units	Method
<b>ACID/NEUTRAL DRUGS</b>				
Blood, femoral		ND		GC/MS
Urine		ND		GC/MS
<b>ALKALINE DRUGS</b>				
Blood, femoral		ND		GC/MS
Urine	Cocaine	Detected		GC/MS
Urine	Alprazolam	Detected		GC/MS
<b>BENZODIAZEPINES</b>				
Blood, femoral	Alprazolam	0.050	mg/L	LC/MS
<b>CANNABINOIDS</b>				
Urine	9-Carboxy-THC	Detected		GC/MS
Blood, femoral	Tetrahydrocannabinol	25	ng/mL	LC/MS
Blood, femoral	9-Carboxy-THC	100	ng/mL	LC/MS
<b>COCAINE METABOLITES</b>				
Blood, femoral		ND		GC/MS
Urine	Ecgonine Methyl Ester	Detected		GC/MS
Urine	Benzoylcegonine	Detected		GC/MS
<b>ETHANOL/VOLATILES</b>				
Blood, femoral		ND		Headspace GC/FID
Vitreous	Ethanol	0.01	% w/v	Headspace GC/FID
Urine	Ethanol	0.02	% w/v	Headspace GC/FID
<b>IMMUNOASSAY</b>				
Blood, femoral	Amphetamine	ND		ELISA
Blood, femoral	Barbiturate	ND		ELISA
Blood, femoral	Benzodiazepine	Detected		ELISA
Blood, femoral	Cocaine Metabolite	ND		ELISA
Blood, femoral	Fentanyl	ND		ELISA
Blood, femoral	Opiate	ND		ELISA
Blood, femoral	Oxycodone	ND		ELISA
Blood, femoral	Cannabinoid	Detected		ELISA
Urine	Amphetamine	ND		ELISA
Urine	Barbiturate	ND		ELISA
Urine	Benzodiazepine	Detected		ELISA
Urine	Cocaine Metabolite	Detected		ELISA
Urine	Fentanyl	ND		ELISA
Urine	Opiate	ND		ELISA

ND = None Detected UFA = Unsuitable for Analysis

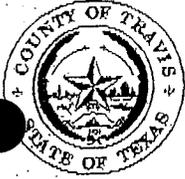
Comment:

*Brad J. Hall*

Brad J. Hall, Ph.D., DABFT, Chief Forensic Toxicologist

*[Signature]* 5/28/09

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<u>Assay/Specimen</u>	<u>Substance</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>
Urine	Oxycodone	ND		ELISA
Urine	Cannabinoid	Detected		ELISA

ND = None Detected      UFA = Unsuitable for Analysis

Comment:

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