

**TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER**

1213 Sabine Street PO Box 1748 Austin, TX 78767
Tel: (512) 854-9599 Fax: (512) 854-9044
www.co.travis.tx.us/medical_examiner

C

DAVID DOLINAK, MD
Diplomate of American Board of Pathology
CHIEF MEDICAL EXAMINER

SATISH CHUNDRU, DO
Diplomate of American Board of Pathology
DEPUTY CHIEF MEDICAL EXAMINER

KENDALL CROWNS, MD
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

LEISHA WOOD, MD
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

VICKIE WILLOUGHBY, DO
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

MEDICAL EXAMINER REPORT

ROGER TYRONE JAMES

ME 09-04593

The postmortem examination was performed by David Dolinak, M.D., Chief Medical Examiner, beginning at 10:30 a.m. on 12/28/2009, at the Travis County Forensic Center, Austin, Texas.

EXTERNAL EXAMINATION:

The body is identified by tags. Photographs, fingerprints, and a single chest x-ray are taken. Rigidity is diffuse and weak. Lividity is posterior. The body is cool. The body is received on a yellow trace evidence sheet with the hands in brown paper bags secured at the wrists with rubber bands. The body is received clad in a long sleeve red and white striped button-down shirt, a white undershirt, blue jeans with a belt, briefs, two dress-type shoes and two socks. The upper right front of the shirt is blood-soaked and has two defects. The two defects overlie a single defect in the underlying blood-soaked undershirt. No black discoloration/sooty material is evident on the fabric around the defects. The clothing is retained.

The body is that of a 66 inch 247 pound normally developed obese adult black man who appears about the reported age of 38 years. He has short black curly scalp hair and brown irides. The sclerae are white, and there are no conjunctival petechiae. No calvarial or facial fractures are palpated. The scalp and face are atraumatic. Tan vomitus material is about the mouth. The dentition is natural and in good condition. He has a neatly trimmed short black slightly graying mustache and beard. The oral mucosa, neck, and hands are atraumatic. The fingernails are short and atraumatic. The extremities have symmetrical musculature. The abdomen, back, and extremities are atraumatic. The abdomen is obese. The penis is uncircumcised and the testicles are scrotal. Two identification bands, each with the name "Roger James" and "ME 09-04593" are around the right ankle.

IDENTIFYING MARKS AND SCARS:

There are no tattoos. A 5 inch curvilinear scar is in the anterior aspect of the right shoulder. A 1 inch scar is in the superior aspect of the right shoulder. A 4 inch linear scar is in the lateral aspect of the left upper arm. Small scars are on the posterior aspect of the right forearm. A 2 inch vertical scar is in the left upper abdomen. A 1½ inch vertical scar is in the

lateral aspect of the mid right lower leg. Additional small nondescript scars are in the lower legs.

EVIDENCE OF THERAPY:

None.

EVIDENCE OF INJURY:

PENETRATING SHOTGUN WOUND OF CHEST:

ENTRANCE:

In the right lower chest, centered 19 inches below the top of the head and 2¼ inches right of midline, is an ovoid entrance-type shotgun wound. The wound is located just above the costophrenic angle. The wound is also centered 2½ inches inferior to the right nipple and 3 inches medial to the right nipple. The wound measures 1 inch vertically x 1¼ inch horizontally and has circumferential marginal abrasion measuring 1/16 to 1/8 inch wide. Along the medial edge of the wound, from the 2 o'clock to the 4 o'clock position, is a somewhat squared-off 5/16 inch wide marginal abrasion. A faint pattern of tiny abrasions measuring ½ inch wide extends 2 inches from the 11 o'clock position. There is no soot, muzzle imprint, or stippling.

INJURY:

The projectile perforates the skin, subcutaneous tissue, and skeletal muscle of the right lower chest, fracturing the anterior aspect of right ribs #6 and #7. Small bloody pulpified fragments of liver tissue and small pieces of fragmented costal cartilage extend from the wound onto the adjacent skin. The projectile then perforates the anterior aspect of the right hemidiaphragm and then the liver, creating extensive bloody pulpification of most of the left lobe of the liver and the inferior aspect of the left side of the right lobe of the liver. Bloody pieces of fragmented liver are free in the abdominal cavity. The projectile then perforates the mesentery along the lesser curvature of the stomach and then the aorta, transecting it just proximal to the origin of the renal arteries. The transected ends of aorta are bloody and have multiple tears. Blood extravasation extends along the adventitia of the thoracic and abdominal aorta. The projectile then perforates the posterior aspect of the left 10th rib and intercostal muscles, and becomes embedded in the intercostal muscle between the left 10th and 11th rib posteriorly.

The tissues along the projectile path are bloody and disrupted. The projectile results in a measured 2100 ml liquid and clotted left hemothorax and an estimated 100 ml liquid and clotted hemoperitoneum. The left lung is collapsed. The kidneys are pale. The regional thoracic and lumbar vertebrae are intact. The entire cervical and thoracic spinal cord and the proximal lumbar spinal cord are examined and there is no epidural, subdural, or subarachnoid blood. The spinal canal is intact. There is no vertebral body fracture. Faint petechiae are in the spinal cord in the region of the projectile path. There is no distinct spinal cord contusion or laceration. The remainder of the spinal cord is unremarkable.

PROJECTILE RECOVERY:

The projectile comes to rest in the posterior intercostal muscle between the left 10th and 11th rib as a severely deformed flattened lead hollow point-type shotgun slug. The slug comes to

rest 20 inches below the top of head and 3 inches left of midline. The slug is photographed and then placed in an evidence envelope labeled with the case name, the case number, and "projectile from chest/back". The projectile envelope is then sealed and receipted to police personnel.

An intact mildly deformed gray plastic shotgun round wad is recovered from the bloody disrupted mesentery along the lesser curvature of the stomach. The plastic wad is photographed and then placed in an evidence envelope labeled with the case name, the case number and "plastic wad from abdomen". The projectile envelope is then sealed and receipted to police personnel.

DIRECTION:

The projectile direction is front to back, right to left, and slightly down.

EVIDENCE COLLECTED:

Projectile from chest (2 envelopes), handwipings for GSR, fingernail clippings (2 envelopes), clothing, trace evidence sheet, blood standard.

INTERNAL EXAMINATION:

ORGAN WEIGHTS:

Brain	1325 grams	Liver	1625 grams
Heart	400 grams	Spleen	150 grams
Right Lung	400 grams	Right Kidney	150 grams
Left Lung	225 grams	Left Kidney	150 grams

BODY CAVITIES:

There is no fluid accumulation in the right pleural cavity or the pericardial sac. The organs are in their normal locations. There are no pleural or peritoneal adhesions.

HEAD:

There is no subscalp blood extravasation. The calvarium is intact. The dura is intact. There is no epidural or subdural blood. The dura lining the calvarium and the base of the skull is stripped and fails to reveal any skull fractures. The leptomeninges are thin and transparent and have no blood or exudate. The cerebral hemispheres have a normal gyral pattern. The brainstem and cerebellum are normally formed. There is no herniation. The cranial nerves and cerebral arteries are normally developed and are unremarkable. Tan cavitated remote contusions measuring up to 2 cm are in the orbital gyri and the anterior/inferior temporal poles bilaterally. There are no recent cerebral contusions.

On coronal sections, the cortical ribbon is tan and of normal thickness. The gray/white matter junction is distinct. The deep nuclei, hippocampi, and mamillary bodies are unremarkable. The ventricles contain no blood. The midbrain has normally pigmented substantia nigra. The pons, medulla, upper cervical spinal cord, and cerebellar hemispheres are unremarkable.

NECK:

The anterior cervical strap muscles are dissected in a step-by-step layer-wise fashion and fail to reveal any areas of blood extravasation. There is no blood extravasation in the pharyngeal tissues or prevertebral fascia. The hyoid bone, thyroid cartilage, and cricoid cartilage are intact. The larynx and trachea are lined with tan mucosa and are unobstructed. The esophagus is lined with pink mucosa and has no tears, ulcers or varices. No neck fractures are detected. There is no blood extravasation in the tongue.

CARDIOVASCULAR SYSTEM:

The right dominant heart has normally located coronary artery ostiae and a normal coronary artery distribution. The coronary arteries are less than 10% stenosed by atherosclerotic plaque and there are no coronary artery thromboses. The myocardium is brown and has no areas of fibrosis or blood extravasation. The left ventricular free wall is 1.2 cm thick. The cardiac valves, chordae tendinae, and papillary muscles are unremarkable. The aorta has mild atherosclerosis.

RESPIRATORY SYSTEM:

The lungs have normal lobation. The visceral pleura is pink-red and has no adhesions. The pulmonary parenchyma is soft, pink-red, crepitant, and has no focal areas of consolidation and no tumors, nodules or granulomas. The pulmonary arteries, pulmonary veins, and bronchi are unremarkable.

HEPATOBIILIARY SYSTEM:

The liver has a smooth brown surface and brown parenchyma that is of normal consistency. There are no nodules, tumors, or granulomas. The gallbladder is lined with olive mucosa and contains an estimated 5 ml of bile. There are no gallstones.

LYMPHORETICULAR SYSTEM:

The spleen has an intact maroon capsule and soft maroon parenchyma that is of normal consistency. There are no nodules, tumors, or granulomas. There is no lymphadenopathy.

GENITOURINARY SYSTEM:

The kidneys have smooth pale tan intact cortical surfaces without nodules or cysts. The medullae are pale red. There is no hydroureter or hydronephrosis. The urinary bladder is lined with tan mucosa and contains an estimated 75 ml of urine. The prostate gland has tan rubbery parenchyma. The testicles have soft tan stringy parenchyma without blood extravasation.

GASTROINTESTINAL SYSTEM:

The stomach is lined with tan mucosa thrown into normal rugal folds. The stomach contains an estimated 250 ml of well-chewed tan food. There are no ulcers, tumors, or any other lesions. The duodenum is lined with tan mucosa and is unremarkable. The small and large intestine is unremarkable. The appendix is identified and is unremarkable.

ENDOCRINE SYSTEM:

The thyroid gland has brown parenchyma without nodules or cysts. The pancreas has tan lobulated parenchyma without nodules or cysts. The adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

No fractures of the clavicles, vertebrae, pelvis or extremities are detected. The skeletal muscle is red and of normal consistency.

MICROSCOPIC EXAM:

Heart: Myocyte hypertrophy. Increased interstitial and perivascular fibrous tissue.

Lungs: Mild congestion. Patchy atelectasis.

Liver: Mild degree of steatosis. Parenchymal fragmentation.

Brain: Remote contusion.

Kidney: No significant pathology.

Spinal cord, thoracic: Small amounts of intraparenchymal blood extravasation without reactive changes.

Shotgun entrance wound, chest: Skin and subcutaneous tissue with recent blood extravasation. Tiny amounts of scattered foreign material including that resembling fabric threads. Rare, tiny scattered pieces of variably clumped, polygonal and granular, somewhat translucent foreign material resembling burned gunpowder.

FINDINGS:

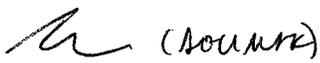
- I. **Shotgun wound of chest.**
 - a. **Entrance: Right lower chest.**
 - b. **Injury: Pulpification of liver and transection of aorta with large left hemothorax.**
 - c. **Projectile recovery: Lead slug recovered from left posterior chest. Plastic shotgun round was recovered from abdomen.**
 - d. **Direction: Front to back, right to left, and slightly down.**
- II. **History that the decedent was shot in a police situation.**

CONCLUSION:

Based upon the history and autopsy findings, it is my opinion that **ROGER TYRONE JAMES**, a 38-year old man, died as the result of a shotgun wound of the chest.

MANNER:

Homicide.


DAVID DOLINAK, M.D.
Chief Medical Examiner

DATE SIGNED: 1/10/10


KENDALL V. CROWNS, M.D.
Deputy Medical Examiner

DATE SIGNED: 1/14/10


VICKIE WILLOUGHBY, D.O.
Deputy Medical Examiner

DATE SIGNED: 01/10/10

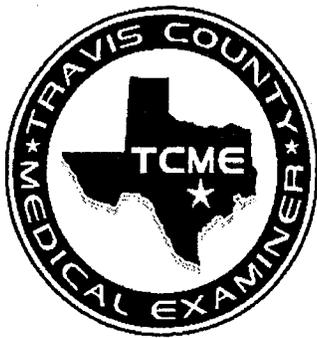

LEISHA E. WOOD, M.D.
Deputy Medical Examiner

DATE SIGNED: 1/12/10


SATISH CHUNDRU, D.O.
Deputy Chief Medical Examiner

DATE SIGNED: 1/11/10

DD:sb



TRAVIS COUNTY OFFICE OF THE MEDICAL EXAMINER

1213 Sabine Street PO Box 1748 Austin, TX 78767
Tel: (512) 854-9599 Fax: (512) 854-9044
www.co.travis.tx.us/medical_examiner

DAVID DOLINAK, MD
Diplomate of American Board of Pathology
CHIEF MEDICAL EXAMINER

SATISH CHUNDRU, DO
Diplomate of American Board of Pathology
DEPUTY CHIEF MEDICAL EXAMINER

KENDALL CROWNS, MD
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

LEISHA WOOD, MD
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

VICKIE WILLOUGHBY, DO
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

Toxicology Report

ME 09-04593

James, Roger Tyrone

Pathologist : Dr. David Dolinak

Date Completed : 1/18/2010

Table with 5 columns: Assay/Specimen, Substance, Result, Units, Method. Rows include ACID/NEUTRAL DRUGS, ALKALINE DRUGS, ETHANOL/VOLATILES, and IMMUNOASSAY with various substances like Amphetamine, Barbiturate, Benzodiazepine, Cocaine Metabolite, Fentanyl, Opiate, Oxycodone, and Cannabinoid.

ND = None Detected UFA = Unsuitable for Analysis

Comment:

Handwritten signature of Brad J. Hall

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

Handwritten signature and date 1/20/10

Medical Examiner

**MEDICAL EXAMINER
TRAVIS COUNTY**



REPORT OF INVESTIGATION

ME 09-04593

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE)		SUFFIX		AKA		CASE NUMBER	
	James, Roger Tyrone						09-04593	
	INVESTIGATOR	REPORTED BY	REPORTING AGENCY				AGENCY NUMBER	
	Olivia Alley	Charlotte Harris-Dispa	Austin Police Department				(512) 974-5283	
	CALL DATE AND TIME		ARRIVAL DATE AND TIME			DEPARTURE DATE AND TIME		
	12/28/2009 5:33		12/28/2009 7:31			12/28/200 8:36		
DECEDENT	DATE AND TIME OF DEATH		DATE OF BIRTH	AGE	GENDER	RACE		
	12/28/2009 3:33		12/27/1971	38	Male	Black		
	RESIDENCE (STREET, CITY, STATE, ZIP)				COUNTY	TELEPHONE NO.		
	11706 Budley S. Degroot, Austin, TX, 78748				Travis			
	SOCIAL SECURITY NUMBER	DRIVER'S LICNSF NO. AND STATE		OCCUPATION				
				Truck Driver				
	MARITAL STATUS	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR		
	Divorced	66"	247 lbs.					
DEATH	LOCATION OF DEATH							
	Another's Home AT RESIDENCE <input type="checkbox"/>							
	ADDRESS (STREET, CITY, STATE, ZIP)				COUNTY			
11815 Johnny Weismuller Lane, Austin, TX, 78748				Travis				
	PRONOUNCED BY	DATE/TIME	AGENCY	FOUND BY	DATE/TIME	AGENCY		
	Dr. Hinchey	12/28/2009 3:33	Austin-Travis County E					
NOTIFICATION	LEGAL NEXT OF KIN					RELATIONSHIP		
	Brenda James					Mother		
	ADDRESS (STREET, CITY, STATE, ZIP)					TELEPHONE NO.		
	11706 Budley S. Degroot, Austin, TX, 78748							
	NOTIFIED BY				METHOD	DATE AND TIME		
	Marvin James				Telephone	12/28/2009 4:00		
NAME OF PERSON NOTIFIED					RELATIONSHIP			
Marvin James					Brother			
ADDRESS (STREET, CITY, STATE, ZIP)					TELEPHONE NO.			
IDENTIFIED BY				METHOD	DATE AND TIME			
Olivia Alley				Drivers License	12/28/2009 7:50			
DISP	TRANSPORTED TO MORGUE BY			TRANSPORTED TO MORTUARY BY				
	TCME Transport			King Tears				
	FUNERAL HOME			PROPERTY	TYPE OF EXAM			
	King Tears			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Autopsy			
INCIDENT	LOCATION OF INCIDENT							
	Another's Home At Work <input type="checkbox"/>							
	ADDRESS (STREET, CITY, STATE, ZIP)				COUNTY			
11815 Johnny Weismuller Lane, Austin, TX, 78748				Travis				
DATE AND TIME OF INCIDENT			INVESTIGATING AGENCY			OFFICERS		
12/28/200 3:00			Austin Police Department			Detective Benningfield		

**MEDICAL EXAMINER
TRAVIS COUNTY**



REPORT OF INVESTIGATION

ME 09-04593

MEDICAL HISTORY/MEDS

Obesity

I spoke with the decedent's sister and brother on scene who stated that the decedent did not have any chronic medical conditions.

CIRCUMSTANCES OF DEATH

Suspected GSW to Chest Inflicted by Another person(s)- Officer Involved

Per Sgt. Benningfield, the decedent is a 38 year-old Black male who was allegedly involved in a domestic dispute with his ex-girlfriend at her residence on this date, 12/28/09 at approximately 0300hrs. 911 was called by the decedent's ex-girlfriend; TCSO and APD responded to the scene and reportedly witnessed the decedent's ex-girlfriend flee from the residence with a contusion noted to her head. The ex-girlfriend was secured by LE personnel away from the house with the decedent remaining within the residence. APD and TCSO officers knocked on the front door requesting that the decedent come out of the residence. The decedent reportedly refused and was noted by LE personnel to move throughout the residence via the turning on and off of lights. The decedent then allegedly proceeded to exit the front door of the residence brandishing a small firearm (specific type unknown at time of report). LE personnel reportedly ordered the decedent to put down his weapon and the decedent refused. LE personnel opened fire on the decedent with APD firing a 40 caliber semi-automatic and TCSO firing a shotgun. LE personnel requested EMS assistance and attempted to initiate CPR. EMS arrived and found the decedent obvious DOS. The decedent was pronounced 12/28/09 at 0333hrs.

Upon my arrival, I observed the decedent lying supine on the concrete steps of the front porch with the posterior aspect of his torso on the ground and legs on the stairs. The decedent's eyes and nares were clear and residue of yellowish-orange emesis was noted at the decedent's mouth. The decedent's hands were atraumatic and bagged on scene for GSW and in order to preserve any trace evidence. The decedent was noted to be fully clothed with what appeared to be blood and two circular-shaped defects in his shirt were observed at the right pectoral area of his chest. The decedent's shirt was partially removed in order to examine any trauma. I observed what appeared to be one defect to the right lateral aspect of the decedent's torso. The remainder of the decedent's torso was noted to be atraumatic. The decedent was rolled to a prone position for further examination. The decedent's back and buttocks appeared to be atraumatic. The decedent reportedly has a lengthy history with APD including domestic violence and child abuse. APD, TCSO, and Texas Rangers are investigating and will attend autopsy.



Austin Police Department
Violent Crimes 1
Special Investigations Unit



Date/Time 12/28/09 Start 9:34 AM End 11:45 AM

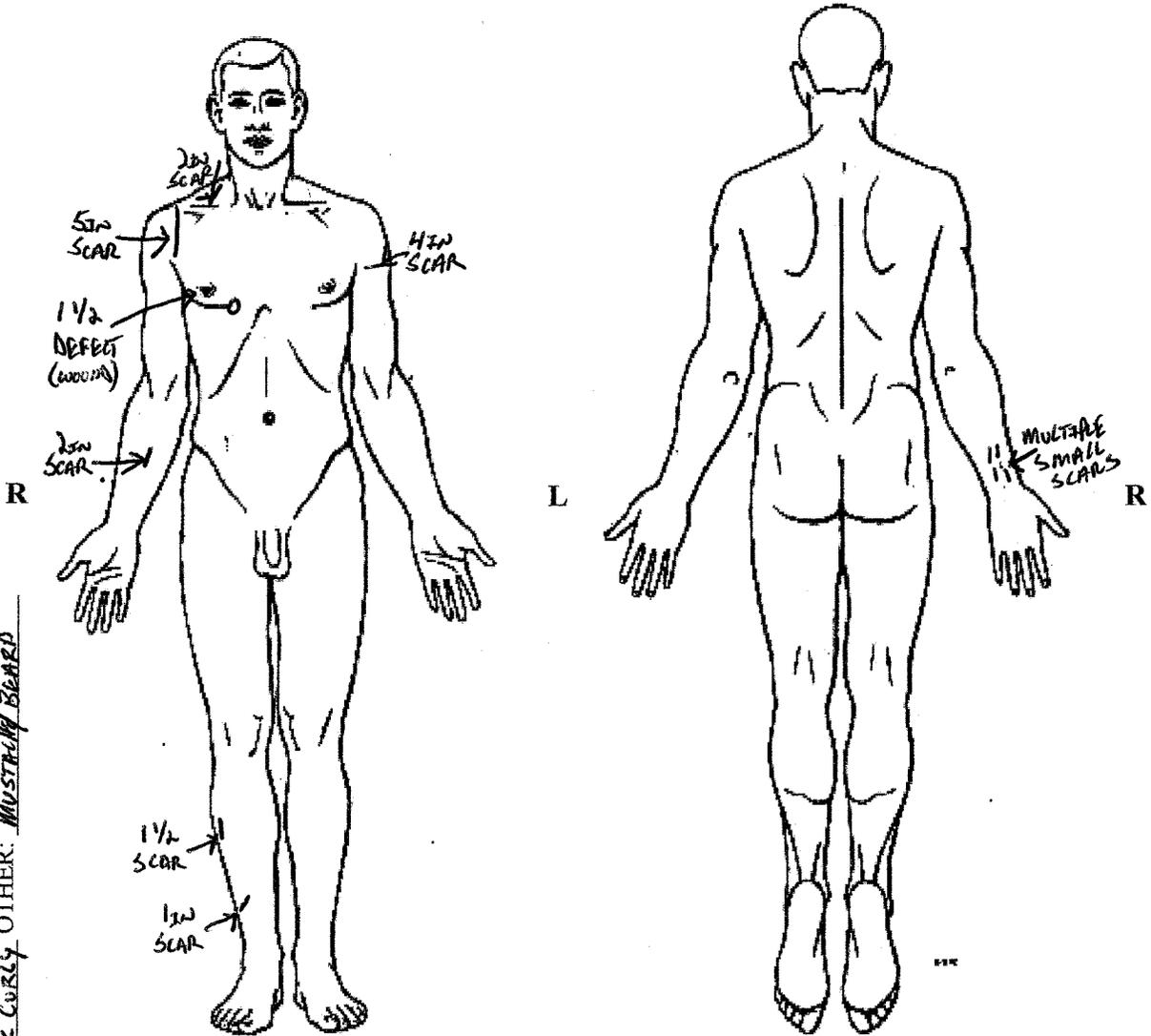
Manner: HOMICIDE

ME # ME04593

Cause: GUNSHOT WOUND

Case # 09-3620161

Decedent: JAMES / ROGER / TYRONE, B/M, 12/27/1971
 Last First Middle R S DOB



PHYSICAL DESCRIPTION OF DECEDENT:

HT: 66 1/2" TEETH: _____
 WT: 247 lbs SCARS/TATTOOS: SCARS (SEE DIAGRAM)
 EYES: _____
 HAIR: SHORT, BLACK, CURLY OTHER: MUSTACHE/BEARD

BRAIN	<u>1325</u>
LIVER	<u>1625</u>
HEART	<u>400</u>
RT LUNG	<u>400</u>
LFT LUNG	<u>325</u>
RT KIDNEY	<u>150</u>
LFT KIDNEY	<u>150</u>
SPLEEN	<u>150</u>

Figure 2

MEDICAL EXAMINER: DOLINAK
 PATHOLOGY ASSIST.: DANNY MECHAM
 CRIME SCENE SPEC.: REYLER 2317
 DETECTIVE: C. ROBERTS 3648
 OTHERS PRESENT: SGT LINDEMANN (TYRONE)