DW

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FINAL DIAGNOSIS

TAYLOR, BREONNA ME20-0278

I. Multiple (5) penetrating and perforating gunshot wounds of torso, left upper extremity, and left and right lower extremities, indeterminant range
   A. Injuries: skin, soft tissue, sternum, main pulmonary artery, left lung, left humerus, right metatarsals
   B. Recovered:
      1. projectile, subcutaneous left upper abdomen
      2. projectile, subcutaneous left middle back
      3. projectile, right heel
   C. Associated findings: hemorrhages along wound paths, hemopericardium, left hemothorax

II. Obesity

III. Postmortem left thoracic cavity blood toxicology negative for alcohols and tested drugs of abuse

OPINION: Death in this 26 year-old woman, Breonna Taylor, is due to multiple gunshot wounds of the body. (E965.4.a.9.g.V)

Jeffrey R. Springer, MD

DATE PERFORMED: March 14, 2020
DATE COMPLETED: March 30, 2020
COUNTY OF JURISDICTION: Jefferson

POSTMORTEM EXAMINATION

OF THE BODY OF

TAYLOR, BREONNA ME20-0278

A postmortem examination of the body identified by the Jefferson County Coroner as Breonna Taylor is performed at the Bingham Building on March 14, 2020 at 8:00 a.m. by Dr. Jeffrey Springer. The attendant is Juan Garcia. Also present are Tracy Gutterman of the Louisville Metro Police Department Crime Scene Unit and Detectives Tony Donninger, Amanda Sealy, and Chris McMichael of the LMPD.

TRACE EVIDENCE

The left and right hands are received wrapped in brown paper bags. These are removed and submitted to the LMPD CSU. Left and right fingernail clippings are obtained and submitted along with the clippers to LMPD CSU.

EXTERIOR OF THE BODY

The body is received clothed in a black t-shirt, a black hair cap, a multicolored head wrap, and black elastic pants. Personal effects with the body include multiple black metal hairpins and black elastic hairties in the scalp hair, a yellow metal piercing in the left ear, a white plastic piercing in the right earlobe, two clear stud piercings in the right nose, and a yellow metal necklace with a gray metal heart pendant around the neck. An identification tag labeled with "Breonna Taylor" is around the left ankle.

The body is that of a well-developed, obese, adult black female that appears compatible with the stated age of 26 years. The body has a measured height of 67 inches and a measured weight of 247 pounds (BMI = 38.7). The body is cool to the touch. Rigor mortis is well-developed in the major muscle groups. Minimal dark red livor mortis is present posteriorly and is fixed.

An artificial black wig is present and measures greater than 12" in length. The native scalp hair is black, braided, and measures up to 5" in length. Artificial black upper eyelashes are present. The corneae are clear. The pupils are equal and measure 3 mm. The irides are brown. The conjunctivae are without petechiae or hemorrhage. The sclerae are white and unremarkable. The nose is free of deformity. The left and right ears are each pierced multiple times and are free of deformity. The lips, gingivae, and frenulae are intact. The natural anterior dentition is in good condition. The neck is without masses and the trachea is midline. Superficial lymph nodes are not palpable. The thorax is symmetric and of normal mobility. The breasts are symmetric and without masses. The abdomen is protuberant. The external genitalia are normal female and atraumatic. The left upper extremity is shortened. The right upper extremity is without fracture. The lower extremities are without fracture. The fingernails are of medium to long length, unpainted, and unremarkable. The toenails are short, painted white-pink, and unremarkable. The back is well-developed. The anus is atraumatic.

IDENTIFYING MARKS, SCARS, AND TATTOOS

1. Tattoo of a phrase on the right upper thorax
2. 1" x 1/2" oval scar on the right upper abdomen
3. 1" x 1/2" oval hyperpigmented supraumbilical scar
4. Tattoo of a rose and two names over the right scapula
5. Tattoo of a design on the right foot

EVIDENCE OF MEDICAL TREATMENT

None

EVIDENCE OF INJURY

(NOTE: There are multiple gunshot wounds of the torso, left upper extremity, and left and right lower extremities. These are enumerated without reference to sequence of fire. The directions of the gunshot wound pathways are stated with reference to the standard anatomical planes with the body measured in the horizontal position.)

1. Penetrating Gunshot Wound of Torso

A 5/8" round entrance gunshot wound (A) is located on the upper left breast, 56 1/4" above the left heel and 3 1/2" left of the anterior midline. A 1/16" wide pink-red abrasion margin is present from 3-5 o'clock. There is no visible soot deposition or gunpowder stippling around the wound. Located just medial to this is a 4" x 7/8" irregular horizontal discontinuous red abraded contusion.

The projectile pathway is through the skin and subcutaneous soft tissue of the left upper thorax, proximal sternum, pericardium, main pulmonary artery, pericardium, lower lobe of the left lung, posterior left 7th intercostal space, and subcutaneous tissues of the left middle back, with recovery of a deformed orange metal projectile.

The direction of the projectile is front to back, downward, and minimally right.

Associated findings include hemorrhages along the wound path, a hemopericardium of approximately 300 ml, and a left hemothorax of approximately 750 ml.

2. Penetrating Gunshot Wound of Torso

A 1/2" round entrance gunshot wound (B) is located on the right upper abdomen, 43 1/2" above the right heel and 4 1/2" right of the anterior midline. A 1/8" wide pink abrasion margin is present from 6-11 o'clock. There is no visible soot deposition or gunpowder stippling around the wound.

The projectile pathway is through the skin and subcutaneous tissues of the right and left upper abdomen, with recovery of a deformed orange metal projectile.

The direction of the projectile is right to left, without significant up-down or front-back deviation.

3. Perforating Gunshot Wound of Left Upper Extremity

A 1/2" round atypical entrance gunshot wound (C) is located on the middle third of the anterior left forearm, 16" below the top of the left shoulder and 1 1/2" right of the anterior arm midline. A 1/4" x 1/8" abrasion margin is present at 6 o'clock. There is no visible soot deposition or gunpowder stippling around the wound.

The projectile pathway is through the skin and soft tissues of the left forearm and left arm, and distal left humerus, exiting on the middle third of the posterior left arm in the midline at 6" below the top of the left shoulder. This exit gunshot wound (D) is oval and measures 1" x 1/2".

The direction of the projectile is upwards, front to back, and minimally left.

4. Perforating Gunshot Wound of Left Lower Extremity

A 1 1/2" x 1 1/4" oval atypical entrance gunshot wound (F) is located on the middle third of the anterior left thigh, in the midline at 27" above the left heel. A 3/16" wide pink abrasion margin is present at 7 o'clock. There is no visible soot deposition or gunpowder stippling around the wound.

The projectile pathway is through the skin and subcutaneous tissues of the anterior and lateral left thigh, exiting at 34" above the left heel and 4 1/2" left of the anterior midline. This exit gunshot wound (E) is irregularly round and measures 1".

The direction of the projectile is upwards, slightly back, and slightly left.

5. Perforating Gunshot Wound of Right Lower Extremity

A 1/4" round entrance gunshot wound (G) is located on the lateral right foot, 1" above the right heel and 2" right of the anterior foot midline. No definitive abrasion margin or ring is present. There is no visible soot deposition or gunpowder stippling around the wound.

The projectile pathway is through the skin and soft tissues of the right foot, and right metatarsals, exiting on the medial planter right foot at 1" left of the anterior foot midline. This exit gunshot wound (H) is stellate and measures 1 1/4" x 1/2".

The direction of the projectile is right to left and minimally downward, without significant front-back deviation.

6. Firearm Projectile in Right Lower Extremity

A slightly deformed orange and gray metal projectile is recovered from the skin of the right heel at 1 1/2" above the right heel and 1" right of the heel midline. This recovery site (I) is oval and measures 5/8" x 3/8".

7. Additional Injuries

a. 3" x 1" grouping of polygonal red abrasions on the left side of the chin, measuring from 3/4" to 1 1/8" in greatest dimension
b. 1" x 1/4" vaguely rectangular abraded contusion on the lateral left middle thorax

INTERIOR OF THE BODY

The body is opened via the standard "Y"-shaped incision to reveal a panniculus which measures up to 6 cm. The abdominal cavity is lined with glistening serosa, and contains no adhesions or abnormal collections of fluid. The mesenteric fat and omentum are glistening, yellow, and unremarkable. The mediastinum is midline with no pleural adhesions. The pericardial sac is without adhesions. The intraabdominal and thoracic viscera maintain their usual in-situ relations. The diaphragm is intact and in its proper position. The vermiform appendix is present and unremarkable.

CARDIOVASCULAR

The heart weighs 280 grams and is of normal configuration. The epicardial surfaces are smooth and contain a normal amount of glistening, yellow adipose tissue. The coronary ostia are in their usual location and give rise to normally distributed coronary arteries. The coronary arteries are patent, without evidence of significant atherosclerosis or thrombosis. The myocardium is pink-brown, firm, and without evidence of recent or remote infarcts. The mural and valvular endocardia are smooth and glistening. The atrial and ventricular chambers are of proportionate capacity. The ventricular free walls and interventricular septum are of normal thickness. The atrial and ventricular septa are intact. The valves, where uninjured, are normal and without vegetations or calcification.

The aorta and its major branches arise normally, follow their usual course and are patent, free of significant atherosclerosis or other abnormality. The pulmonary arterial trunk and left and right main pulmonary arteries are free of thrombi. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY

The right lung weighs 380 grams and the left lung weighs 180 grams. The pleural surfaces, where uninjured, are pink to red-pink, smooth, and glistening, with a minimal amount of subpleural anthracotic pigment present in all lobes. Lobar divisions of each lung are of the usual configuration. The bronchial tree is of normal distribution and dimension. The bronchial mucosa is dark pink with no focal lesions. The pulmonary arteries are normally developed, patent, and without antemortem thromboemboli. The pulmonary parenchyma, where uninjured, is dark pink to dark red, exuding minimal to slight amounts of blood. No consolidation, calcification, or nontraumatic lesions are identified. The hilar lymph nodes are mildly anthracotic and non-calcified.

LIVER AND GALLBLADDER

The liver weighs 1660 grams. The hepatic capsule is intact, smooth, and glistening. The liver edge is sharp. The hepatic parenchyma is homogenously red-brown with no focal lesions or fibrosis.

The smooth-walled gallbladder contains approximately 10 ml of dark amber, mucoid bile. No gallstones are identified, and the mucosa is velvety and unremarkable. Exploration and inspection of the large bile ducts reveal them to be of normal distribution and dimension, patent, and free of stone.

The portal vein and its tributaries are unremarkable.

PANCREAS

The pancreas is yellow-tan, with a normal lobulated appearance. There is no fibrosis or calcification. The ducts are patent and of normal caliber.

ADRENALS

The adrenal glands are of normal size and shape. They are composed of yellow outer cortical rims overlying deeper brown cortical zones and gray medulla.

GENITOURINARY

The kidneys combined weigh 280 grams. They are of similar size and shape. The renal capsules are smooth and thin, semi-transparent, and strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are dark red and unremarkable. The usual arcuate markings are preserved. There are no cystic or solid lesions within the renal parenchyma. The calyces, pelves, and ureters are unremarkable.

The urinary bladder is without urine. The bladder mucosa is white and smooth with no trabeculation or focal lesions. The ureteral orifices at the trigone are patent and unremarkable.

The vagina is normally wrinkled and contains no foreign material. The ectocervix displays no abnormality and has a patent cervical os. The endocervical mucosa is red-pink, mucoid, and of the usual picket fence arrangement. The uterus is of normal size and configuration. The endometrial cavity is lined by red-pink, velvety mucosa. The myometrium is of normal thickness.

The fallopian tubes are of normal size and shape and are patent. The ovaries are of similar size and shape, with no cystic or solid masses identified.

SPLEEN AND LYMPH NODES

The spleen weighs 120 grams. The splenic capsule is intact, smooth, and glistening. The splenic parenchyma is red-purple, moderately firm, and with no focal lesions. The white pulp and red pulp are discernible.

The regional lymph nodes appear normal and are not enlarged.

ALIMENTARY TRACT

The esophagus is lined by pink, smooth mucosa with normal longitudinal folds. The gastroesophageal junction is easily identified and unremarkable. The gastric wall is intact and of usual thickness. The gastric lumen contains approximately 1 liter of pink to tan-white partially digested food. No pills or capsules are identified within the gastric lumen. The gastric mucosa is light tan and arranged in the usual rugal folds. The small and large intestines are unremarkable.

MUSCULOSKELETAL

Examination and palpation of the ribs, shoulder girdle, spine, and pelvis fail to reveal fracture.

NECK

There is no soft tissue hemorrhage within the neck. The hyoid bone and thyroid cartilages are intact. The airway is clear of foreign material. The mucosal surfaces of the larynx and trachea are smooth, red-pink, and unremarkable. The vocal cords display no abnormality.

The lingual mucosa is intact, and the underlying firm red-brown musculature is devoid of hemorrhage.

THYROID

The thyroid gland is normal in size and free of nodules.

HEAD

The scalp is reflected to reveal an unremarkable calvarium. There is no soft tissue hemorrhage within the scalp. The intact calvarium is removed to reveal an unremarkable, normal tenseness dura mater. The superior sagittal sinus is midline and patent. The leptomeninges are thin and delicate. The brain weighs 1250 grams. The cerebral hemispheres display normal convolutional pattern, being symmetric and without edema or atrophy. The uncinate gyri and cerebellar tonsils do not demonstrate pressure phenomena.

The arteries at the base of the brain are of normal distribution, intact, collapsed, and transparent.

Sections through the cerebral hemispheres reveal normal relations of gray and white matter. There are no lesions within the cortical gray matter, subcortical white matter, deep white matter, or deep nuclei of either hemisphere. The basal ganglia, thalami, and hippocampi are unremarkable. The cerebral ventricles contain clear fluid and are of normal caliber. The ependymal lining is smooth and glistening.

Sections through the midbrain, pons, and medulla are unremarkable. Sections through the cerebellum are unremarkable.

Examination of the base of the skull after removal of the brain and dura mater fails to reveal fracture.

DISPOSITION OF EVIDENCE

The following items are maintained at the OCME:

1. Photographic documentation
2. Diagrammatic documentation
3. Tissue for stock
4. DNA standard card
5. Left thoracic cavity blood for short term storage
6. Digital radiographs

The following items are collected by the LMPD CSU:

1. Photographic documentation
2. Brown paper bags from left and right hands
3. Left and right fingernail clippings and clippers
4. Pulled head hair
5. All clothing
6. DNA standard card
7. Projectiles x 3
8. ID fingerprints

The personal effects are returned with the body in the body bag.

Left thoracic cavity blood and vitreous humor are submitted in a sealed kit to AXIS Laboratories for toxicologic analysis.

Vitreous humor is split for potential future chemistry analysis, and is stored at AXIS Laboratories.