

REPORT OF THE CORONER
East Baton Rouge Parish Coroner's Office
4030 T.B. Herndon Ave.
Baton Rouge, Louisiana, 70807
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| Name of Decedent: Alton Sterling | Date/Time of Death: 07-05-2016 / 0150 hours |
| Address: 6061 Plank Road, Lot 27 | Date/Time of Autopsy: 07-05-2016 / 1030 hours |
| Date of Birth/Age: 06-14-1979 / 37 years | Body Identified By: EBR Parish Coroner's Office |
| Place of Death: 2112 N. Foster Drive | Security Tag Number: N/A |

CAUSE OF DEATH: Multiple gunshot wounds to the anterior chest (3) and back (3)

MANNER OF DEATH: Homicide



William "Beau" Clark, M.D.
East Baton Rouge Parish Coroner

Date:

8/1/16

REPORT OF THE FORENSIC PATHOLOGIST

The autopsy summarized in this report was performed on the decedent listed below in accordance with the duties outlined in Revised Statute 13:5713 of Louisiana State Law.

Performed By: Jimmie Smith
Jimmie Smith, M.D., M.S.
Forensic Pathologist

Date Completed: July 26, 2016

Assisted By: Forensic Pathology Technicians Lauren Billingsley, Nathan Millett and Jake Stover

Opinion

Final Diagnosis

Gunshot wounds (2) to the right anterior chest
Gunshot wound to the anterior chest
Gunshot wound to the right upper back
Gunshot wound to the right mid back
Gunshot wound to the mid back
Combined drug intoxication
Morbid obesity, body mass index of 43

CAUSE OF DEATH: Multiple gunshot wounds to the anterior chest (3) and back (3)

MANNER OF DEATH: Homicide

Summary

The decedent was a 37 year old man. On July 5, 2016 he sustained multiple gunshot wounds by law enforcement during law enforcement intervention. He was pronounced dead at the scene.

The autopsy revealed multiple gunshot wounds to the anterior chest (3) and back (3), with injury to the heart, right lung, esophagus and liver. There were no exit wounds. Six bullets were recovered from the body at autopsy. One taser probe was embedded in the back of the decedent's shorts and recovered at autopsy. No puncture wounds were identified in the skin. Toxicological testing detected cocaine, metabolite of cocaine, methamphetamine, metabolite of methamphetamine, hydrocodone, cannabinoids, caffeine, nicotine and a blood alcohol level of 0.029.

Based on all information known to me at this time, it is my opinion that Alton Sterling died as the result of multiple gunshot wounds to the anterior chest (3) and back (3). The circumstances surrounding the death, as determined by the investigative and postmortem findings, indicate the manner of death is homicide.

EXTERNAL EXAMINATION: The body is received in a pouch and is attired in tan shorts, a brown belt, checkered underwear, gray tennis shoes and a gray-black sock on the right foot. A taser probe is embedded in the back of the tan shorts, slightly right of the midline and just below the waist line (Comment: no puncture wounds are identified in the skin). No upper body clothing is received with the body. Accompanying the body is 25 cents (one quarter). The body is identified by identifying information on the outside of the body bag.

The body is that of a well-developed, morbidly obese (BMI of 43), black man, whose appearance is consistent with the reported age of 37 years. The extra adipose deposits are in the trunk and thighs. The body weighs 327 pounds and is an estimated 73 inches in length. Rigor mortis is fully developed. Lividity is indeterminate due to skin pigmentation. The skin temperature is cool.

The scalp hair is black, ¼ inch long and has a normal distribution. The face has a short, trimmed, black beard. The conjunctivae are clear and free of petechial hemorrhages. The corneas and sclerae are clear. The irides are brown. The pupils are unremarkable. The ears, nose and mouth are unremarkable. Blood trails from the left nostril unto the left side of the face. The teeth are natural and in fair condition. At least three teeth in the front of the mouth are covered by yellow metal caps. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal male configuration, and there are no palpable masses. The abdomen is round. The external genitalia are of normal male uncircumcised conformation, and there are no external lesions. The testes are palpable within the scrotum. The anus is unremarkable. The extremities are unremarkable. The joints are not deformed. All digits are present. The hands have no injuries. Apparent deposits of dirt are under the fingernails. The skin is of normal texture and unremarkable. The dorsal surface of the fifth toe of the right foot has a callus.

SCARS AND OTHER IDENTIFYING MARKS: The right arm has a large monochromatic tattoo of the face of a male and "Alton Jr.". The back of the right hand has a tattoo of "Paper". The back of the left hand has a tattoo of "Chaser". The right forearm has a tattoo of "RIP" and multiple tombstones. The mid part of the back has a monochromatic tattoo symbol of a hand. The upper back has monochromatic tattoos of "Jade", "Jelly", and "Scotlandville". The right forearm has a tattoo of "Thug". The left forearm has a tattoo of "life". The left forearm dorsally has a large monochromatic tattoo resembling a dagger. The left arm has a large monochromatic tattoo of a grim reaper figure. An indeterminate monochromatic tattoo inscription is on the front of the upper chest. The left calf has a hyperpigmented, ½ inch x ½ inch circular scar. The right thigh posteriorly has a 2 ¾ inch hyperpigmented scar.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY: None noted.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

A. AND B. GUNSHOT WOUNDS (2) TO THE RIGHT ANTERIOR CHEST

1. Entrances: The right pectoral region of the chest has two gunshot entrance wounds which are so close together that they share a thin abrasion collar and form a figure-8. The superior entrance wound is a $7/16 \times 3/8$ inch round perforation centered on a point $14 \frac{1}{2}$ inches below the top of the head, $\frac{3}{4}$ inch medial to the right nipple and $4 \frac{3}{4}$ inches right of the anterior midline. A thin, dark margin of abrasion is around the superior entrance wound. The inferior entrance wound is a $7/16$ inch \times $\frac{1}{4}$ inch round perforation, centered on a point $14 \frac{3}{4}$ inches below the top of the head, $\frac{3}{4}$ inch medial to the right nipple and $4 \frac{3}{4}$ inches right of the anterior midline. The inferior entrance wound has a $1/16$ inch in width, concentric, seared black margin of abrasion. No soot, stippling or muzzle imprint is on the skin around either entrance wound.
2. Path of projectiles and associated injuries: The gunshot wounds perforate the skin, subcutaneous tissues and musculature of the right pectoral region, with one projectile penetrating the subcutaneous tissues and musculature of the right lateral chest and the other projectile fracturing the right fifth rib anteriorly, then perforating the right lower lung lobe and coming to rest in the inferior aspect of the right chest cavity, adjacent to the diaphragm. There are no exit wounds. A measured 1,100 ml of liquid and clotted blood is in the right chest cavity.
3. Recovery of projectiles: A moderately deformed copper jacketed gray metal bullet is recovered from the soft tissues of the right lateral chest, centered on a point 19 inches below the top of the head and 13 inches right of the anterior midline. The projectile is photographed and sealed inside an envelope. The projectile is consistent with medium caliber. A moderately deformed copper jacketed gray metal bullet is recovered, lying free in the inferior aspect of the right chest cavity, centered on a point 18 inches below the top of the head and $4 \frac{1}{2}$ inches right of the anterior midline. The projectile is photographed and sealed inside an envelope. The projectile is consistent with medium caliber.
4. Direction: The overall direction of the gunshot wounds with respect to standard anatomic position is front to back, left to right and downward.

C. GUNSHOT WOUND TO THE ANTERIOR CHEST

1. Entrance: The entrance wound is a $5/16$ inch \times $\frac{1}{4}$ inch round perforation in the anterior chest, centered on a point 14 inches below the top of the head, $\frac{1}{2}$ inch left of the anterior midline and 4 inches medial to the left nipple. Around the entrance wound is a thin, dark margin of abrasion. No soot, stippling or muzzle imprint is on the skin around the wound.

2. Path of projectile and associated injuries: The gunshot wound perforates the skin and soft tissues of the anterior chest, fractures the left 4th rib anteriorly, perforates the pericardial sac, perforates the right ventricle of the heart creating a 6.0 cm x 2.0 cm full thickness gaping wound, perforates the mid esophagus, perforates the right lower lung lobe, perforates the right hemi-diaphragm and slightly penetrates into the superior aspect of the capsular surface of the right lobe of the liver. There is no exit wound. Hemorrhage is around the thymus gland. A measured volume of 50 ml of liquid blood is in the left chest cavity. A measured 50 ml of clotted blood is in the pericardial sac.
3. Recovery of projectile: A moderately deformed copper jacketed gray metal bullet is recovered from the capsular surface of the right lobe of the liver superiorly, centered on a point 18 ½ inches below the top of the head and 3 inches right of the anterior midline. The projectile is photographed and sealed inside an envelope. The projectile is consistent with medium caliber.
4. Direction: The direction of the gunshot wound with respect to standard anatomic position is front to back, left to right and downward.

D. GUNSHOT WOUND TO THE RIGHT UPPER BACK

1. Entrance: The entrance wound is a 3/8 inch x 3/8 inch round perforation in the right upper back, centered on a point 10 inches below the top of the head and 5 ½ inches right of the posterior midline. Around the wound is a thin, dark margin of abrasion. No soot, stippling or muzzle imprint is on the skin around the wound.
2. Path of projectile and associated injuries: The gunshot wound perforates the skin, subcutaneous tissues and musculature of the right upper back, and penetrates the soft tissues of the right axilla where the wound path ends and the projectile is recovered. There is no exit wound.
3. Recovery of projectile: A moderately deformed copper jacketed gray metal bullet is recovered from the soft tissues of the right axilla, centered on a point 12 inches below the top of the head and 8 inches right of the midline. The projectile is photographed and sealed inside an envelope. The projectile is consistent with medium caliber.
4. Direction: The direction of the gunshot wound with respect to standard anatomic position is back to front, left to right and downward.

E. GUNSHOT WOUND TO THE RIGHT MID BACK

1. Entrance: The entrance wound is a 3/8 inch x 5/16 inch round perforation in the right mid back, centered on a point 13 ¼ inches below the top of the head and 3 inches right of the posterior midline. Around the entrance wound is a thin, dark margin of abrasion. No soot, stippling or muzzle imprint is on the skin around the wound.

2. Path of projectile and associated injuries: The gunshot wound perforates the skin, subcutaneous tissues and musculature of the right mid back and fractures the right 7th -9th ribs posteriorly, where the bullet path ends and the projectile is recovered. There is no exit wound.
3. Recovery of projectile: A moderately deformed projectile fragmented into one large piece and a small piece and is recovered from the right chest wall posteriorly, centered on a point 15 ¼ inches below the top of the head and 2 ½ inches right of the posterior midline. The projectile is photographed and sealed in an envelope. The projectile is consistent with medium caliber.
4. Direction: The direction of the gunshot wound with respect to standard anatomic position is back to front and downward.

F. GUNSHOT WOUND TO THE MID BACK

1. Entrance: The entrance wound is a 5/16 inch x 5/16 inch round perforation in the mid back, centered on a point 18 inches below the top of the head and 1 inch left of the posterior midline. Around the wound is a thin, dark margin of abrasion. No soot, stippling or muzzle imprint is on the skin around the wound.
2. Path of projectile and associated injuries: The gunshot wound perforates the skin, subcutaneous tissues and musculature of the back and penetrates into the subcutaneous tissues of the right lateral buttock where the wound path ends and the projectile is recovered. There is no exit wound.
3. Recovery of projectile: A moderately deformed copper jacketed gray metal bullet is recovered from the superior aspect of the right lateral buttock, centered on a point 32 inches below the top of the head and 8 inches right of the posterior midline. The projectile is photographed and sealed inside an envelope. The projectile is consistent with medium caliber.
4. Direction: The direction of the gunshot wound with respect to standard anatomic position is left to right and downward.

The lettering of the gunshot wounds is for convenience and not intended to indicate the sequence in which the wounds were sustained. The above injuries, once having been described will not be repeated below. The remainder of the external examination is unremarkable.

INTERNAL EXAMINATION: The viscera of the thoracic and abdominal cavities occupy their normal sites. The serosal surfaces are smooth and glistening. No abnormal masses are noted. The weights of the organs are as follows and, unless specified below have no additional evidence of congenital or acquired disease.

Heart- 590 grams

Right lung- 475 grams

Left lung- 500 grams

Liver- 2,150 grams

Spleen – 75 grams

Right kidney- 150 grams

Left kidney – 200 grams

Brain- 1,300 grams

HEAD AND CENTRAL NERVOUS SYSTEM. The scalp has no contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The brain has translucent leptomeninges. The convexities of the cerebral hemispheres are symmetrical. The subarachnoid space does not contain any hemorrhage. The brain has a normal configuration of gyri and sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation. The arteries at the base of the brain have no atherosclerosis. The roots of the cranial nerves are unremarkable. The cut surfaces of the cerebral hemispheres have a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon have no gross abnormalities. The brainstem and cerebellum have no gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. The spinal cord is dissected. The cut surfaces of the spinal cord are unremarkable and have no injuries or gross abnormalities.

NECK. The tongue is unremarkable. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and tracheal cartilage are intact.

HEART. Injury to the heart is as previously described. The heart is enlarged due to left ventricular hypertrophy. The coronary arteries have a right dominant coronary arterial distribution. The coronary arteries are widely patent. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers are unremarkable with the exception of left ventricular hypertrophy. The septa are intact, and there are no congenital abnormalities. The myocardial cut surfaces have the usual brown appearance throughout. The left and right ventricles are 1.6 cm and 0.4 cm thick, respectively. The heart valves are thin, pliable, and delicate, and free of deformity.

The great vessels connect to the heart in a normal fashion and are collapsed due to blood loss. The aorta and its principal branches are patent throughout. There are no thrombi, areas of erosion, or zones of significant narrowing present. There are no atherosclerotic plaques of the

aorta. The pulmonary arteries and the venae cavae contain no thrombi.

RESPIRATORY. Injury to the right lung is as previously described. The major bronchi have a normal caliber and are free of obstruction. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and mottled moderately with black pigmentation. The pulmonary arteries are free of emboli and thrombi. The cut-surfaces are soft, red and have moderate black pigmentation. The lungs have no masses. The pulmonary vessels are unremarkable.

RETICULOENDOTHELIAL. The spleen has a normal configuration. The spleen is pale. The capsule is blue-gray and smooth, without areas of thickening. The splenic pulp is of normal consistency and appearance. The lymph nodes are not enlarged. The thymus gland is mostly replaced by fat. The vertebral bone marrow is red-brown and firm.

DIGESTIVE. Injury to the esophagus is as previously described. Otherwise, the esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The mucosa is flattened due to autolysis. There are no areas of ulceration. The stomach contains 300 ml of light brown, soft material resembling partially digested food. The small intestine and large intestine are opened along the anti-mesenteric border and are unremarkable. The bowel contains green stool. The appendix is unremarkable.

LIVER, GALLBLADDER, AND PANCREAS. Injury to the liver is as previously described. The liver capsule is smooth and glistening. The liver is normal in configuration. The cut surfaces are tan-brown with moderate yellow discoloration throughout. The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains thin bile. No calculi are present. The pancreas is soft and normally lobulated. The cut surfaces are tan-brown and have no gross lesions.

GENITOURINARY. The right and left kidneys are similar. The capsules strip with ease. Both kidneys are pale. The subcapsular surfaces are smooth. The renal arteries and veins are patent and free of stenosing lesions. The renal cortices are of normal thickness. The cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable. The urinary bladder is intact. The mucosa has no lesions. The urinary bladder contains clear, yellow urine. The prostate gland is not enlarged and has tan cut surfaces without nodules or other lesions. The testes string with ease and have no lesions.

ENDOCRINE. No abnormalities are present in the thyroid, pituitary or adrenal glands.

MUSCULOSKELETAL. The musculature is firm, red-brown and normally developed. The clavicles, sternum, spine and pelvis have no fractures.

MICROSCOPIC EXAMINATION

Respiratory System- Sections of the lungs have many macrophages in alveolar spaces which contain brown pigment. The lungs also have scattered collections of extravasated red blood cells in alveolar spaces.

Cardiovascular System- Sections of the right ventricle of the heart are unremarkable. Sections of the left ventricle of the heart have scattered hypertrophied cardiac myocytes.

Hepatobiliary System- Section of liver has macrovesicular steatosis involving an estimated 40% of the surface.

Central Nervous System- Section of spinal cord is unremarkable. Section of dura is unremarkable. Section of cerebral cortex and cerebellum of the brain are unremarkable.

Gastrointestinal System- Sections of bowel are unremarkable.

Endocrine System- Section of adrenal gland is unremarkable.

Hematopoietic System- Section of spleen is unremarkable.

Genitourinary System- Sections of kidneys are unremarkable. Section of testis is unremarkable.

Integumentary System – Section of skin from right pectoral inferior gunshot wound has black pigmentation due to searing.

Adjuncts

ANCILLARY STUDIES PERFORMED:

Photography

Radiography

Toxicology tests (report appended)

SPECIMENS RETAINED IN ADDITION TO ANY MENTIONED IN THE TEXT OF THIS REPORT:

Representative tissues in formalin

Body liquids and tissue for toxicology testing

MATERIALS COLLECTED:

Six projectiles

One taser probe recovered from tan colored shorts

Tan colored shorts, brown belt, underwear, tennis shoes and one sock

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