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in: Anatomic Pathology
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MANUEL ESTEBAN PAEZ TERAN

REPORT OF SECOND AUTOPSY

A second autopsy examination is performed on the body of Manuel Esteban Paez Teran, at the Connor-Westbury Funeral Home in Griffin, Georgia, on the 31st day of January, 2023, commencing at 1230 hours.

NOTE: The decedent died of multiple gunshot wounds, and the initial autopsy examination had been performed by the DeKalb County Medical Examiner's Office, in DeKalb County, Georgia, by Dr. Gerald Gowitt. As part of the initial autopsy examination, multiple x-rays would have been obtained, both to evaluate the gunshot injuries, and to locate projectiles and projectile fragments within the body. Portions of the decedent's body were extensively dissected, in order to find and retain projectiles and projectile fragments for later scientific forensic ballistic evaluation. Additionally, all of the body organs were removed, dissected and examined, then placed within a viscera bag, which was found within the thoraco-abdominal cavity. These procedures are normal and conventional, and parts of a standard forensic autopsy examination. The focal extensive dissection, dissection to locate and remove projectiles, and other procedures limit the ability to accurately discern and identify each individual gunshot wound injury that was sustained by the decedent. Furthermore, it is not possible to accurately determine the caliber of a bullet by examination of the perforating injury that had been caused by that bullet. Nonetheless, the general types of missiles which have caused certain perforating and penetrating gunshot missile injuries may be concluded, based upon the characteristics of each individual wound and wound track. Finally, as the decedent was shot multiple times, by different firearms, many of the wound tracks within his body converge, coalesce and intersect, rendering the ability to accurately determine each and every individual wound track very limited, if even impossible. No projectiles were recovered during the course of this second autopsy examination. These caveats must be kept in mind when this report is read.

The body is that of a well-developed, well-nourished appearing Caucasian male, who has a slim build, and appears to have weighed approximately 140 to 150 pounds and had a height of approximately 65 to 66 inches.

The scalp hair is black, wavy, long, and measures to a maximum of 25 cm in length. A black moustache and beard are worn, which are curly, and measure to 4 cm in length. Tattoos include a compass star on the left shoulder, and a small blue flag to the left of the anterior chest midline.

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The body has been previously autopsied. A conventional Y-shaped incision is on the anterior body, beginning over the anterior shoulders and terminating at the pubis, then branching and extending into the anterior right and left anterior thighs, legs, and into the dorsal feet bilaterally. The upper and lower extremities are thin, but well-muscled, and unremarkable, except for gunshot injuries.

The usual bicoronal scalp incision is present, and the cranial vault is in place against the lower skull. The brain has been removed, and the dura stripped. The teeth are normal. The lips and gums are unremarkable. The left eye is intact, but the right eye is ruptured by a gunshot wound; vitreous fluid has been removed from the left eye globe. The neck is flat. The chest plate is in place on the anterior thorax, and the viscera bag is in place within the thoraco-abdominal cavity. The testes have been removed from the scrotum, and the penis is uncircumcised. The anus, perineum and back are unremarkable.

The following gunshot wounds are located and identified. These are listed in no particular order, and it is not possible to determine the order in which these wounds were sustained. Additionally, none of the identified firearm wounds exhibited any evidence of close range firing (the presence of gunpowder soot and/or stippling), and for the purposes of this report, the range of fire for all of these wounds is considered to be "indeterminate." Transient evidence of close range firing, specifically gunpowder soot, may have been washed from the body during the first autopsy, but this is very unlikely. Finally, if the decedent was within a tent or other similar shelter when he was shot, the intervening material would have prevented any soot and stippling particles from reaching his body surfaces. If the decedent was within some sort of shelter when he was shot, then forensic analysis of the shelter material will disclose any evidence of soot and/or stippling.

1. Within the medial right orbit is an entrance gunshot wound. This missile passes essentially straight backwards, with no upwards or downwards deviation, and would have perforated the brain. The missile track terminates in an outwardly beveled fracture on the interior of the right occipital bone, just to the right of the midline. The cranial vault also exhibits several comminuted fractures. This injury was most probably caused by a handgun projectile.
2. On the left upper chest is a gunshot entrance wound, which is consistent with handgun ammunition. This wound is below the left clavicle, and the trajectory appears to be from front to back, slightly upwards, and with no right or left deviation. A gunshot wound on the left upper back appears to correspond with this entrance wound on the front of the chest. This missile passed through the left 2nd rib, and wound have passed through the left lung, and possibly the heart and/or aorta.

3. On the left lateral abdomen, below the costal margin is a gunshot entry wound, consistent with handgun ammunition. The track enters the abdominal cavity and travels downward. Further characterization of the track is not possible.

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4. On the dorsal left wrist is a gunshot entrance wound, with the corresponding exit wound located on the volar left forearm. This wound is consistent with handgun ammunition.
5. The volar left hand is involved by a complex entrance wound, consistent with handgun ammunition. The entrance appears to be located at the base of the left 3rd finger, and the missile travelled into the left palm, with a laceration of the distal left 3rd finger pad, and a large laceration on the palmar 3rd finger base. Another large laceration is at the base of the left thumb. This complex wound indicates that the decedent's left arm and hand were raised in front of him when he was sustained this wound, with his palm facing the front of his body.
6. On the volar right forearm is an gunshot entrance wound, consistent with handgun ammunition. The track passes sharply from proximal to distal (i.e., towards the elbow), and has a corresponding exit wound in the medial forearm.
7. On the right hand is an entrance gunshot wound, at the base of the thumb and first finger. This gunshot wound exits from the right palm, through a long laceration within the thenar eminence of the palmar thumb.
8. The tibia and fibula of the left leg are fractured. A large gunshot defect, consistent with having been caused by a shotgun slug, enters the lateral left calf, and exits through the medial calf. On the anterior right thigh is a large are of missing skin and subcutaneous tissue, measuring 10 X 12 cm. This may represent a continuation of the apparent shotgun slug injury of the left leg. This would also be consistent with the decedent being a sitting position, somewhat cross-legged, when he received this gunshot injury.
9. The dorsal right foot is involved by a very complex grouping of multiple individual perforations disruptions of the skin, subcutaneous tissues, fascia, and bones of the foot and toes. This cluster of multiple perforations is typical of a shotgun shot shell injury, with early separation of the shot pellets, at an approximate range of 10 to 12 feet. The pellet spread would be affected to some extent by any intervening material or frangible surface. These pellets may have been buckshot, but could have been smaller diameter shot.
10. A gunshot entrance wound is located within the scrotum, at the base of the penis. The trajectory of the missile travels into the pelvis, and appears to go downward

into the pelvic region, and slightly from left to right. The left iliac wing has been removed during the first autopsy, most probably to gain access to a retained missile. An apparent bullet defect is located within the left sacrum, and this is consistent with handgun ammunition.

11. On the right upper chest is a gunshot entry wound, consistent with handgun ammunition. This wound track fractures the right 2nd rib, and would have passed through the right lung, with fractures of the posterior right 2nd-5th ribs.

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12. On the proximal right thigh is a gunshot entry wound, which is consistent with handgun ammunition. The track passes into the lateral right thigh, and two perforations are located within the lateral right buttock, which most probably represent exit wound defects. The core and jacket of this missile may have separated, to cause two exit defects.
13. Multiple entrance defects are scattered over the right lower leg, with associated fractures of the right tibia and fibula. These defects were most probably caused by buckshot pellets from a shotgun.
14. On the anterior left thigh are two entrance defects. The tracks associated with these defects pass markedly upwards (proximally) within the thigh, and corresponding exit defects are located in the medial thigh. These are consistent with buckshot pellet injuries.

The viscera are examined. All of the body organs have been extensively dissected. The brain sections are hemorrhagic, relating to the gunshot wound of the head. The right and left lung sections are hemorrhagic, with focal identified bullet perforations through the parenchyma. There are no pathologic or pre-existing disease abnormalities involving any of the internal organs.

OPINIONS AND OBSERVATIONS

This 23 year old male, Manuel Esteban Paez Teran, sustained multiple gunshot wounds. The majority of these wounds produced wounding patterns typical of handgun ammunition (such as 9mm, .40 cal., and .45 cal). Evidence of shotgun wounding patterns were also identified: One large wound of the left leg, with fracturing of the left tibia and fibula, appears to be consistent with a shotgun slug. At least two separate shot shell injury patterns were identified, involving the right foot, and scattered over the right leg and thigh, and possibly the left thigh.

At the time he was shot, the missile entrance and locations, and the missile trajectories through the body, indicate that the decedent was most probably in a seated position, cross-legged, with the left leg partially over the right leg. Several of the individual bullet wounds passed into his body, travelling downwards, and from front to back; these

trajectories are also consistent with the decedent being in a sitting position, on the ground, with the incoming fire having originated from armed individuals who were standing towards the front of the decedent, and relatively close to the decedent. No obvious evidence of close-range firing was found associated with any of the gunshot wounds.

There were no gunshot wounds entering the back, or any other posterior surface of the body. This indicates that the decedent was facing the multiple individuals who were firing their weapons at him during the entire interval in which the shooting occurred.

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At some point during the course of being shot, the decedent was able to raise his hands and arms up and in front of his body, with his palms facing towards his upper body. It is impossible to determine if the decedent had been holding a firearm, or not holding a firearm, either before he was shot or while he was being shot the multiple times.

The gunshot wound of the head, which entered the right eye region and passed through the brain from front to back, would have been instantaneously incapacitating and unquestionably lethal. Other gunshot wounds, which involved the chest and lower abdomen (pelvis) would have been lethal, but not instantaneously incapacitating. Based upon these injuries and the organs which were damaged by different gunshot and shotgun wounds, the gunshot wound of the head would have occurred at some point towards the end of the shooting sequence, as the gunshot wounds of the hands and arms indicate that he was able to raise his hands and arms in front of his upper body and chest.

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