

## ECU School of Medicine

Department of Pathology and Laboratory Medicine Greenville, NC 27858-4354  
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### REPORT OF AUTOPSY EXAMINATION

#### DECEDENT

**Document Identifier** B200900427  
**Autopsy Type** ME Autopsy  
**Name** Clarence Douglas Phillips, Jr.  
**Age** 43 yrs  
**Race** Native American  
**Sex** M

#### AUTHORIZATION

**Authorized By** William R. Oliver MD                      **Received From** Pitt

#### ENVIRONMENT

**Date of Exam** 04/08/2009                                      **Time of Exam** 9:00  
**Autopsy Facility** Brody School of Medicine at East Carolina University **Persons Present** Colleen Tetterton,  
PA; Lisa Leone; Kim Smith, M4; Darren Ward NCSBI; April DeMarco NCSBI, Scott Sagraves, surgeon

#### CERTIFICATION

##### Cause of Death

Multiple gunshot wounds.  
Other Significant Conditions: Cocaine toxicity

**The facts stated herein are correct to the best of my knowledge and belief.**

##### Digitally signed by

William R. Oliver MD 14 July 2009 09:22

#### DIAGNOSES

1. Multiple gunshot wounds
  1. Perforation, lung
  2. Perforation, kidney, left
  3. Perforation, spine
  4. Perforation, colon
  5. Perforation, mesentery
  6. Hemopericardium
  7. Status post surgical repair
2. Toxicology positive for cocaine, benzoylcegonine, and midazolam

#### IDENTIFICATION

##### Body Identified By

Papers/ID Tag

#### EXTERNAL DESCRIPTION

**Length** 71 inches  
**Weight** 193 pounds  
**Body Condition** Intact  
**Rigor** Not developed yet.  
**Livor** Present in the supine pattern, is the usual violaceous color, and blanches easily with palpation.  
**Hair** Dark brown with some gray and measures approximately 3-3/4 inches over the crown. There is a dark-brown with gray mustache that measures 1/4-1/2 inch and a slight stubble of a beard.  
**Eyes** Irides are brown, pupils are 5 mm and equal.

The body is received nude, in the supine position and contained within a white zippered remains pouch without seal. No other articles of clothing or personal effects are noted.

*Evidence of therapeutic intervention:*

- An ET tube and OG tube over the mouth.
- A single lumen catheter is in place over the subclavian vessels on the left.
- There are multiple needle puncture marks with contusions over the subclavian vessels bilaterally.
- An 11-1/2 inch sutured incision is present over the left lateral chest and flank.
- A 2 inch stapled incision is present over the left thorax immediately inferior to the 11 inch incision.
- A single lumen catheter is in place over the lower portion of the upper arm on the left.
- A single stitch cut-down is in place over the ventral aspect of the right wrist.
- There are multiple needle puncture marks associated with suture over the ventral lateral aspect of the wrist on the right.
- A foley catheter is in place.
- An EKG pad is present over the left hip.
- A wide-bore single lumen catheter is in place over the femoral vessels on the right.
- The right leg is wrapped in elastic bandage.
- There is gauze over the left ankle.
- A single lumen catheter is in place over the dorsal aspect of the left foot.
- An identification tag is present over the great toe.
- A single lumen catheter is in place over the dorsal aspect of the right hand.

Identifying marks:

- A 2-1/4 x 2 inch tattoo of the name "Doug" is over the lateral aspect of the left shoulder.
- A 3-1/4 x 3-14 tattoo of the words "Get Some" with a tattoo of boxing gloves over the dorsal aspect of the right forearm.
- There is a 3/4 inch irregular scar over the medial aspect of the dorsal surface of the ankle on the left.

General external examination:

The body is that of an unembalmed, well-developed, well-nourished Native American male, appearing consistent with the recorded age of 43 years. The body has been refrigerated and is cool to the touch.

The head is normocephalic. The face is normal in appearance. The scalp and soft tissues of the face are notable trauma as described under "Injuries". There is focal hyperemia over the upper forehead on the right. The nasal and facial bones are without palpable fracture. The pupils are fixed and equally dilated to a diameter of 0.5 cm. The sclerae are anicteric. The conjunctivae are pale and without petechiae. The palpebrale fascia is slightly edematous. Contact lenses are not noted. The septum of the nose is in the midline. The nasal vestibules drain serosanguineous fluid. The lips, gums, teeth, tongue and buccal mucosa are remarkable for trauma as described in "Injuries". The frenula are intact. The tongue, buccal mucosa and palate are unremarkable. The pinnae, external meati, and mastoid regions are unremarkable. The ears are normally formed, normally situated on the head, and are pierced.

The neck is symmetric, and the trachea is in the midline. The neck is without evidence of abrasion, contusion or non-therapeutic injury. The neck is not crepitant or excessively mobile.

The torso is symmetric and displays trauma as described in "Injuries". The abdomen is mildly convex and is without palpable organomegaly. The external genitalia are those of a normally developed adult male. The testes are descended bilaterally within the scrotum and are without palpable masses. The penis is circumcised. The inguinal regions are unremarkable. The buttocks reveal trauma as described in "Injuries". The anus is without trauma.

The upper and lower extremities are symmetric, muscular, well-developed with fracture of the right leg as described under "Injuries". The hands and feet are normally formed. All digits are present. The fingernails are fairly well trimmed but soiled. The toenails are well-trimmed and are without fracture.

The back displays trauma as described under "Injuries".

## **INJURIES**

Four gunshot wounds are noted over the body. These are arbitrarily labeled one through four. This numbering is arbitrarily assigned for the purposes of discussion it does not imply ordering in terms of severity or time.

### **Wound number one:**

#### *Entrance:*

The entrance wound of gunshot wound number one is a complex lacerated gunshot wound over the medial aspect of the mid pretibial area on the right with its superior margin beginning approximately 55-3/4 inches below the top of the head and its inferior margin beginning approximately 8-1/2 inches above the heel. This injury measures approximately 4 inches vertically and 2-1/2 inches horizontally. It is characterized by prominent radiating lacerations as well as a complex edge involving multiple small skin tags with the individual tags measuring up to 1/4 inch with a prominent radiating laceration at approximately ten o'clock that measures 1/2 inch. There is prominent disruption of the underlying musculature with exposure of the tibia with palpable fracture of the tibia. Palpation of the wound reveals fracture approximately 13 inches above the heel. Surrounding the wound posteriorly are scattered punctate marks covering an area measuring approximately 1-3/4 circumferentially and 2-1/2 inches vertically.

Suturing of the wound reveals what appears to be a primary entrance approximately 10 inches above the heel denoted by a more smooth inferior border. In addition there is a patterned abrasion adjacent to the wound at this point extending superiorly and medially measuring approximately 1 inch superiorly and 1/2 inch wide. It consists of numerous roughly vertical parallel lines. The fractured tibia displays focal dark discoloration in this area.

No soot or stippling is noted.

#### *Direction:*

Determination of path is uncertain due to short penetration and massive tissue damage. The presence of small exit wounds suggests a direction from front to back, minimally downwards, and minimally from left to right.

#### *Path:*

Exploration of the underlying musculature reveals minimal hemorrhage primarily surrounding the fracture with no extensive wound tract. The bullet fragments immediately upon entering the leg. Multiple fragments are obtained from the soft tissue, placed in a container labeled "fragments from leg" and retained as evidence.

#### *Exit:*

There are scattered punctate exit wounds over the posterior aspect of the calf, consistent with exits of multiple small fragments of metal and bone.

### **Wound number two:**

#### *Entrance:*

The entrance to wound number two is over the left flank approximately 31 inches below the top of the head and 5 inches posterior to the anterior plane of the abdomen. It is an obliquely oriented wound running downwards and anteriorly measuring 1-1/2 x 3/4 inches. There is broad contusion posteriorly measuring approximately 5 inches in greatest dimension beginning approximately 27 inches below the top of the head. A small abrasion is present over the inferior border of this contusion approximately 1-1/8 inch posterior to the entrance.

The entrance wound is surrounded by a prominent ring of contusion, in addition to the broad contusion, measuring approximately 1/8 inch. It is also surrounded by a prominent abrasion ring measuring up to 1/8 inch as well as

prominent beveling inferior and posterior with undermining anterior and superior.

No soot or stippling is noted.

*Direction:*

The wound path is directed sharply upwards, moderately anteriorly, and sharply from left to right.

*Path:*

The wound path enters the abdomen immediately inferior to the rib cage, perforating the left kidney resulting in a 5 cm laceration, lacerates and descending colon to enters the spine at T10 with fractures of portions of vertebrae 9, 10 and 11 posteriorly. There is scattered hemorrhage within the path along the mesentery. There is laceration of the cauda equina. The lower thoracic vertebral bodies are opened and fragments of metal are obtained, these are placed in a container labeled "lower thoracic spine" and retained as evidence. Examination of the abdomen reveals broad areas of dissecting retroperitoneal hemorrhage on the left.

*Exit:*

No exit wound is noted.

**Wound number three:**

*Entrance:*

The entrance to wound number three is over the upper back on the left approximately 19 inches below the top of the head and 5-1/2 inches to the left of the midline. It is an elliptical wound measuring approximately 1-1/2 inches vertically and 1/2 inch horizontally. It is surrounded by a broad (3 inch) rim of contusion as well as a prominent abrasion ring with small radiating lacerations measuring up to 1/16 inch. There is prominent beveling inferiorly from approximately six o'clock to eight o'clock with undermining superiorly. There is a satellite contusion present superior to the wound, approximately 17 inches below the top of the head and 5 inches to the left of the midline, that measures approximately 1 inch in greatest dimension.

No soot or stippling is noted surrounding this wound.

*Direction:*

The gunshot wound is directed sharply upward, moderately from left to right, and moderately from back to front.

*Path:*

Gunshot wound number three enters the thoracic cavity at the level of rib 6 posterolaterally on the left with fracture of ribs 5 and 6, lacerates the lung and exits the thoracic cavity posteriorly at rib 5. Exploration of the musculature over the posterior spine reveals fracture of the posterior processes of the 5th and 6th vertebrae. Multiple fragments of bullet are obtained, placed in a container labeled "left upper back" and retained as evidence. Examination of the lungs reveals surgical repair with metal staples in the left lower lobe concealing a laceration measuring approximately 13.5 cm in length. There is a 9 x 5 cm incised wound over the posterior pleura exposing the aorta and esophagus without laceration of either.

*Exit:*

No exit wound is noted.

## **Wound number four:**

### *Entrance:*

The entrance wound of gunshot wound number four is over the right lower flank, approximately 26 inches below the top of the head and 3 inches to the right of the midline. It is a broad irregular wound with a central defect that measures approximately 1/4 inch with surrounding radiating lacerations and abrasions increasing the overall size of the wound to 1 inch in greatest dimension. These scattered radiating lacerations measure up to 1/4 inch at two o'clock. There are scattered abrasions in a constellation inferior and adjacent to the wound covering an area measuring approximately 1/2 inch. A broad area of contusion surrounds the wound measuring up to 4 inches in greatest dimension.

No soot or stippling is noted.

### *Direction:*

Gunshot wound number four is directed sharply upwards, sharply forwards and mildly medially.

### *Path:*

The bullet fragments extensively immediately upon entering the soft tissue of the back and extends into the psoas but does not enter the abdominal cavity. Exploration of the psoas reveals multiple fragments of lead and copper. These are placed in a container and labeled "lower right back" and retained as evidence.

### *Exit:*

No exit wound is noted.

## **Other injuries:**

Examination of the head reveals a faint area of hyperemia over the mid-forehead on the right, approximately 3 inches below the top of the head and 1 inch to the right of the midline. This covers an area measuring 1/2 inch in greatest dimension and contains two small punctate lesions at its center. There are scattered contusions over the vermilion borders of the lips superiorly and inferiorly, more prominent superiorly, in areas of placement of the endotracheal and OG tube. These measure up to 1-1/2 inch in greatest dimension. There is focal hyperemia and prominent pressure marks in the area of placement of bandages retaining the endotracheal and orogastric tubes.

Examination of the anterior aspect of the thorax reveals multiple contusions in the area of placement of subclavian lines bilaterally. An obliquely oriented elliptical contusion that measures approximately 1-3/8 x 1/2 inch is present approximately 13 inches below the top of the head and 2 inches to the right of the midline in the upper chest.

There are scattered, patterned, roughly rectangular contusions with abraded component over the upper right quadrant of the thorax beginning approximately 14 inches below the top of the head and 4-1/4 inches to the right of the midline. These measures up to 1-3/4 inch vertically and approximately 1 inch horizontally. The more lateral are associated with a more prominent abraded component. There is a 1/2 inch in greatest dimension geographic contusion over the midline at approximately the level of the manubrium approximately 22 inches below the top of the head.

Examination of the left flank reveals a 1-1/8 inch geographic contusion immediately inferior to the rib cage approximately 27 inches below the top of the head and 8 inches by wrapping to the left of the midline. Examination of the right flank reveals a horizontally oriented linear abrasion surrounded by contusion at the base of the ribs approximately 24-1/2 inches below the top of the head and 6 inches to the right of the midline by wrapping. The linear abrasion component measures approximately 3/4 inches in length with the contused component measuring approximately 1-3/4 x 1/2 inch.

Examination of the back reveals scattered contusions over the lower right back beginning approximately 22 inches below the top of the head and 3 inches to the right of the midline covering an area measuring approximately 4 x 3

inches with the most prominent individual contusions measuring to 3/4 inch. There is a 1/2 inch contusion over the left buttock approximately 36 inches below the top of the head and 2 inches to the left of the midline.

Examination of the right upper extremity reveals a geographic contusion over the anterior aspect of the upper arm immediately superior to the axilla approximately 16 inches below the top of the head and 9 inches to the right of the midline in anatomic position. This has a central minute abraded component and measures approximately 3/4 inch in greatest dimension. There are scattered contusions over the dorsal aspect of the distal forearm on the right with this constellation beginning approximately 29-1/2 inches below the top of the head and covering an area in aggregate measuring 5-1/2 x 3 inches; the individual contusions measure up to 1-1/4 inches in length.

Examination of the left upper extremity reveals scattered contusions extending from the mid-upper arm to the dorsal aspect of the hand covering an area measuring in aggregate 17 x 4-1/2 cm with the constellation beginning approximately 20-1/4 inches below the top of the head. The individual contusions measure between 1/8 and 1-3/4 inches in greatest dimension being most prominent over the middle of the dorsal surface of the forearm and the dorsal aspect of the hand. Examination of the ventral aspect of the forearm reveals a 2-1/4 inch vertically oriented excoriation approximately 30-1/2 inches below the top of the head. The left hand displays multiple small obliquely oriented linear excoriations over the dorsal aspect measuring between 1/16 and 1/4 inch, most prominent over the base of the middle finger. There is a minute punctate injury over the distal portion of the proximal phalanx of the index finger on its dorsal surface surrounded by a 1/4 inch area of contusion ,approximately 38 inches below the top of the head at anatomic position. There is early blister formation over the pads of the metacarpophalangeal joints of the fifth and ring fingers of the left hand.

Examination of the left lower extremity reveals a constellation of roughly vertically oriented excoriations over the lateral aspect of the calf approximately 55 inches below the top of the head with the individual excoriations measuring between 1 and 1-1/2 inches. There is scattered contusions over the dorsal medial aspect of the lower portion of the calf and ankle on the left measuring up to 1-1/2 inches.

Examination of the right lower extremity reveals an obliquely oriented excoriation over the medial aspect of the mid-thigh that measures approximately 3/4 inches. It is present approximately 46-1/2 inches below the top of the head. There are scattered contusions over the anterolateral aspect of the mid and lower thigh with the constellation beginning approximately 41 inches below the top of the head and covering an area measuring approximately 5 x 2 inches and individual contusions measuring up to 3/4 inch.

## **DISPOSITION OF CLOTHING AND PERSONAL EFFECTS**

### **The following items are preserved as evidence**

Bullet fragments are saved as evidence as described under "Injuries".

Clothing saved as evidence

## **PROCEDURES**

### **Radiographs**

Radiographs are obtained of the chest, abdomen, pelvis, and lower extremities.

### **Special Evidence Collection**

The following are transferred to Special Agent SA DeMarco, NCSBI:

- Shoes, socks, belt, and boxer briefs
- Thermal underwear
- Shirt
- Pants
- Watch, necklace, currency, lighter, papers (see separate report)
- Blood standard
- Pulled head hair
- Pulled pubic hair
- Metal fragments from lower thoracic spine
- Metal fragments from left upper back
- Metal fragments from lower right back

- Fingerprint card

## **INTERNAL EXAMINATION**

### **Body Cavities**

The skin of the chest and abdomen is reflected using the standard Y-shaped incision. The subcutaneous fat and musculature are unremarkable. The chest is intact. There are approximately 30 cc of liquid and clotted blood present within the pericardial space. There is trauma as described in "Injuries". No peculiar odor or color change is identified. Examination of the organs in situ shows normal organ morphology and relationships. The viscera are not congested. The diaphragm is intact. The thoracic and abdominal organs are removed using the modified Virchow technique and are serially examined.

### **Cardiovascular System**

**Heart Weight** 442 grams

All four chambers are unremarkable. The coronary arteries are normally distributed with a dominant right coronary artery and are widely patent throughout their lengths, though there is approximately 30 percent occlusion of the left anterior descending coronary artery with atherosclerotic plaque. The left ventricular wall measures 1.2 cm, the interventricular septum measures 1.5 cm, and the right ventricular wall measures 0.4 cm. The epicardium, valve leaflets, chordae, papillary muscles and endocardium appear unremarkable. There is no evidence of dilation, constriction, or prolapse. The foramen ovale is closed, and septal defects are not noted. The myocardium is tan-red and without focal intramyocardial lesion. The thoracoabdominal aorta and major branches are rubbery and thin showing minimal atherosclerotic change.

### **Respiratory System**

**Right Lung Weight** 983 grams

**Left Lung Weight** 755 grams

The larynx, trachea and bronchi are lined by an intact gray-tan mucosa and appear free of injury. The hilar structures are remarkable for prominent lymphadenopathy of the hilar lymph nodes. The hilar lymph nodes measure up to 5.5 cm in greatest dimension. The major vessels are normally distributed and are free of gross abnormalities. Examination of the pleural surfaces reveals multiple calcified plaques measuring between 1-3 mm. The lungs appear similar. The lung parenchyma is moderately congested and exudes pink fluid on manual compression. No distinct areas of consolidation are noted. There is no evidence of thrombosis, embolus, infarction or neoplasia. The epicardial, visceral and parietal pleura are free of injury. Anthracosis is mild

### **Gastrointestinal System**

The large and small bowel are remarkable for perforation of the descending colon as described under "Injuries". The serosa, wall and mucosa of the esophagus and stomach are grossly unremarkable. Features of bowel obstruction are not noted. The stomach contains approximately 45 cc of cloudy green fluid. The vermiform appendix is present and is grossly unremarkable. A 6 cm meckel's diverticulum is noted.

### **Liver**

**Liver Weight** 1832 grams

The hepatic capsule is smooth and glistening. The hepatic parenchyma shows minimal congestion. There is no evidence of fatty change, cirrhosis or focal intrahepatic lesion. The gallbladder is present and contains approximately 30 cc of thin green bile. No stones are noted, and the gallbladder is grossly normal. The extrahepatic biliary ducts are patent; there is bile staining of the duodenal mucosa.

### **Spleen**

**Spleen Weight** 169 grams

The capsule is intact. The red and white pulp are normal.

### **Pancreas**

The pancreas shows the usual lobular architecture. No hemorrhage, pancreatic fibrosis, fat necrosis or neoplasm is noted.

### **Urinary**

**Right Kidney Weight** 192 grams

**Left Kidney Weight** 204 grams

The kidneys are symmetric. The left kidney displays perforation as noted in "Injuries." The capsules strip with ease and the cortical surfaces are smooth and unremarkable. The corticomedullary ratios and junctions are remarkable for a markedly wide cortex measuring 1.6 cm bilaterally. The pyramids, calyces, pelves and vessels are unremarkable. The ureters are of normal caliber. The urinary bladder is normal and contains a minimal amount of clear yellow urine.

### **Reproductive**

The prostate is examined and reveals a 0.7 cm firm white nodule.

### **Endocrine**

The thyroid gland is of normal size, symmetric, tan-brown and is free of nodularity, hemorrhage or cyst. The parathyroids are not observed. The adrenals are of normal size and display mild micronodular hyperplasia. The pituitary gland is examined in situ and is grossly unremarkable.

### **Neurologic**

**Brain Weight** 1320 grams

The dura is intact and is grossly unremarkable. The base of the skull is intact. No epidural, subdural or subarachnoid hemorrhage is noted. The gyri and sulci are of normal distribution and development. No injuries or brain swelling are seen. The vessels at the base of the brain are free of aneurysmal dilatation. The cerebellum and brainstem are normally formed. The cranial nerves are uniform. No focal or mass lesions are seen on the external or cut brain sections, and the brain is normal to palpation. Removal of the dura from the base of the skull shows the usual anatomic features without abnormalities. The ventricular system and spinal fluid are unremarkable.

### **Skin**

The scalp is reflected with the standard intermastoidal incision. There is no evidence of scalp trauma. The calvarium is intact.

### **Immunologic System**

The lymph nodes of the axillary, hilar, mediastinal, cervical and abdominal areas appear normal. The thymus is involuted. The bone marrow where seen is unremarkable.

### **Musculoskeletal System**

There is damage in the areas of the gunshot wounds as previously described. With the exception of the gunshot wounds, the skeletal muscles are symmetric, well-developed and normal in appearance and the skeletal system is intact. Vertebral marrow spaces are grossly unremarkable. The skin of the neck is dissected to the angle of the mandible. There is no evidence of soft-tissue trauma to the major airways or vital structures of the lateral neck compartments. The strap muscles of the neck contain no areas of hemorrhage. The hyoid bone and thyroid cartilage are free of fracture. The epiglottis is grossly unremarkable. No foreign objects are in the airways. The anterior cervical spine and atlanto-occipital joints are stable to manipulation.

## **SUMMARY AND INTERPRETATION**

This 40-year-old man identified as Clarence Phillips was shot during an altercation with police. An autopsy was ordered in the public interest to investigate this death.

Autopsy examination revealed multiple indeterminate range gunshot wounds, with penetration of the thorax and abdomen. This represents the most likely cause of death. Toxicology studies were positive for cocaine and its primary metabolite, benzoylecgonine, as well as midazolam.

## **DIAGRAMS**

1. B09-421\_diagam.jpg



The Brody School of Medicine  
 Division of Forensic Pathology  
 Department of Pathology and Laboratory Medicine  
 East Carolina University  
 Greenville, NC 27858-4354

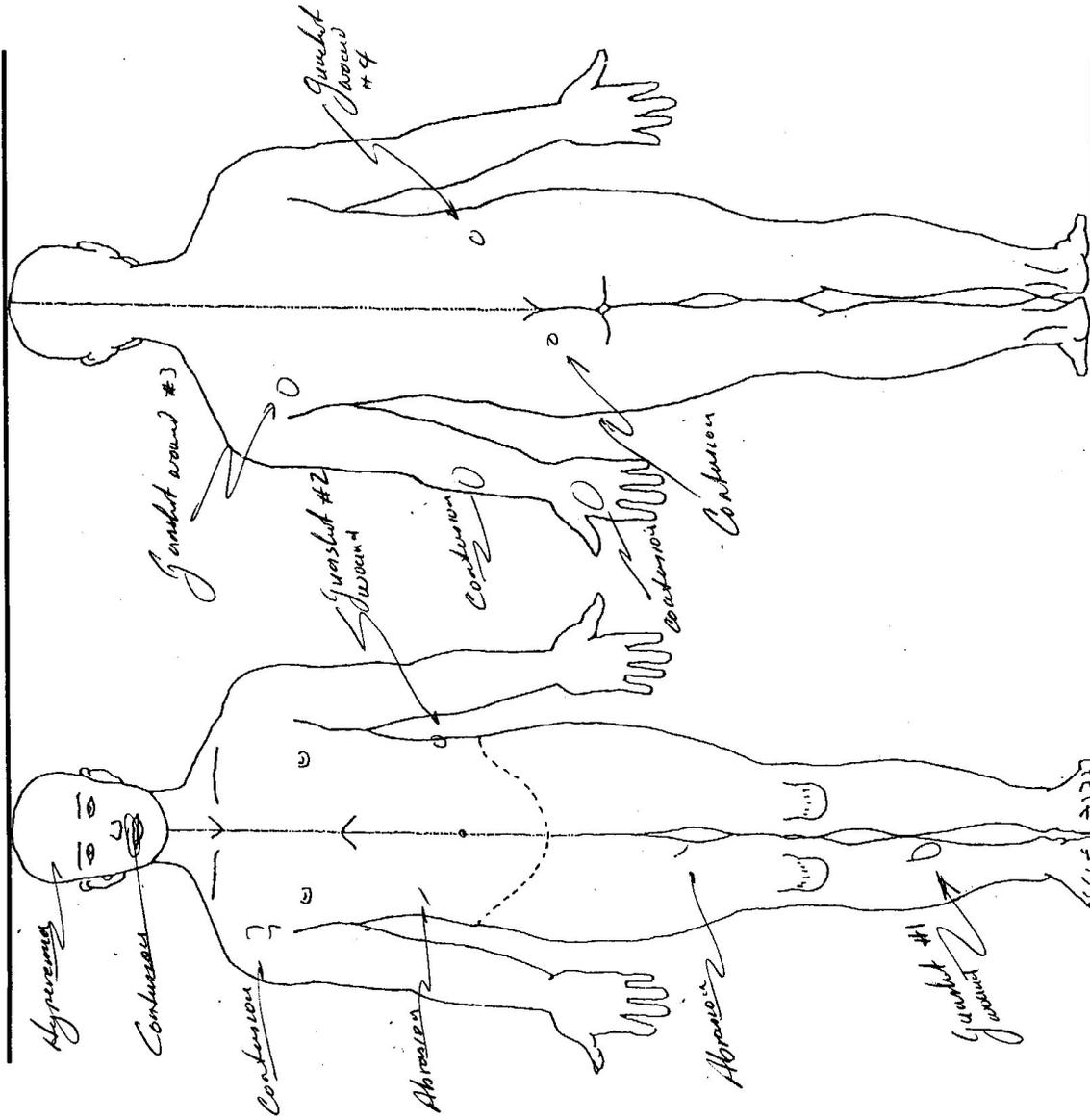
AUTOPSY EC-309-427

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**BODY DIAGRAM**

**Front**

**Back**



Decedent's Height \_\_\_\_\_ inches  
 Approx. Weight \_\_\_\_\_ lbs.

Name Clarence Douglas Phillips  
 Examined by W. Oliver Date 7/8/09

WPL-409226 (Rev. 5/01)