



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS



Office of the Medical Examiner
In the County of Dallas
State of Texas

This affidavit is in compliance with Texas Rules of Criminal Evidence, Rule 902(10b).

Case No. IFS-15-08017 in the matter of

Rhyne, Jacob Lee, deceased.

Before me, the undersigned authority, personally appeared Rebecca Beshay, who being duly sworn, deposed as follows:

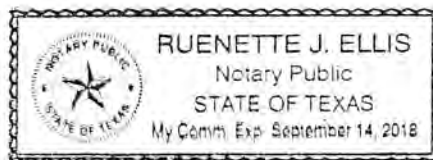
My name is Rebecca Beshay. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Deputy Custodian of Records of the Dallas County Medical Examiner's Office. Attached hereto are 8 pages of records and xx photographs from the Dallas County Medical Examiner's Office. These said 8 pages of records and xx photographs are kept by the Dallas County Medical Examiner's Office in the regular course of business, and it was the regular course of business of the Dallas County Medical Examiner's Office for an employee or representative, or a doctor permitted to practice in the Dallas County Medical Examiner's Office, with personal knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Rebecca Beshay

SWORN TO AND SUBSCRIBED before me on July 29, 2015

Ruennette J. Ellis
Notary Public in and for Dallas County, Texas
My commission expires



(By statute, the original records are retained by the Dallas County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernons Texas Statutes, CCP.)



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS



Office of the Medical Examiner
Autopsy Report

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case: IFS-15-08017 - CC

Decedent: Rhyne, Jacob Lee 39 years White Male DOB: 12/14/1975

Date of Death: 05/17/2015 (Actual)

Time of Death: 01:30 PM (Actual)

Examination Performed: 05/18/2015 08:00 AM

Body Weight: 223 lbs BMI: 35.99

Body Length: 66 in

ORGAN WEIGHTS:

Brain: 1,440 g	Right Lung: 720 g	Right Kidney: 130 g
Heart: 420 g	Left Lung: 660 g	Left Kidney: 140 g
Liver: 1,820 g	Spleen: 230 g	

This autopsy is performed at the request of W.H. Peterson, Justice of the Peace, Precinct 1, Place 2, McLennan County, Texas.

EXTERNAL EXAMINATION

The body is identified by tags. Photographs, fingerprints, palmprints, and radiographs are taken.

When first viewed, the body is clad in blue jean pants, a black belt, brown boots, gray underwear, and white socks. There are defects in the clothing including the zipper of the pants. The hands are bagged. A white metal ring encircles the right third finger. Received with the body are the following items: twelve quarters, two nickels, and two dimes. The clothing and bags from the hands have been retained as evidence and all other items are released.

The body is that of a well-developed, well-nourished, white male whose appearance is compatible with the stated age of 39 years. The body, when nude, weighs 223 pounds and is 66 inches long. There is good preservation in the absence of embalming. The body is cold, rigor is fully-developed, and there is well-developed, blanching posterior lividity.

The scalp hair is short, blonde, and straight. A long beard and mustache are on the face. An average amount of body hair is in a normal distribution. The irides appear hazel, the corneae are clear, and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose and lips are unremarkable. The teeth are natural and in fair condition. The neck contains injury to be described below. The chest is symmetrical and the abdomen is soft and mildly protuberant. The external genitalia, anus and perineum are unremarkable. The testes are descended into the scrotum. The extremities are well-developed



and symmetrical. The back is well-formed.

IDENTIFYING MARKS AND SCARS

Faint linear scars, measuring up to 1 inch, are on the right and left anterior sides of the pelvis. Tattoos are on the back, chest, and right and left arms. On the medial aspect of the left ankle is an erythematous rash.

EVIDENCE OF THERAPY

A red abrasion with surrounding contusion is on the chest overlying the sternum, consistent with resuscitative efforts.

EVIDENCE OF INJURY

Gunshot wounds:

There are two gunshot wounds that are numbered without regard to sequence or severity of injury.

Gunshot wound #1 (gunshot wound of neck):

There is a gunshot wound of entrance of the left side of the neck, located 9-1/8 inches below the top of the head and 3-3/8 inches to the left of the anterior midline. The entrance wound is round, 1/4 inch in diameter, and has a 1/16 inch marginal abrasion, with surrounding contusion measuring up to 1/4 inch in width. There is no soot or stippling.

After perforating the skin and subcutaneous tissue, the bullet sequentially perforates the anterior neck musculature, the left internal jugular vein, the seventh cervical vertebral processes, the musculature of the upper back, and partially exits the back. A copper-colored jacket fragment and white metal fragments are recovered from the wound track. The projectile fragments are photographed, sealed within an appropriately-labeled envelope, and submitted to the Criminal Investigation Laboratory.

There is a gunshot wound of partial exit of the left side of the upper back, located 10 inches below the top of the head and 1/2 inch to the left of the posterior midline. The exit wound is irregular and measures 1/2 inch in maximum dimension.

Associated with this wound, there is extensive soft tissue hemorrhage of the neck. There is epidural hemorrhage of the cervical spinal cord with associated softening. The apex of the left lung is contused.

The trajectory of the projectile is front to back, left to right, and downward.

Gunshot wound #2 (gunshot wound of the abdomen):

There is a gunshot wound of entrance of the lower abdomen, located 31 inches below the top of the head and at the anterior midline. The entrance wound is roughly round, 1 inch in diameter, and has a 1/8 inch marginal abrasion, with surrounding contusion measuring up to 1/4 inch in width. Focally, at the 6 o'clock margin, there is a 1/2 inch irregular abrasion. There is no soot or stippling.



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Rhyne, Jacob Lee

After perforating the skin, the bullet penetrates the underlying subcutaneous tissue.

Multiple copper-colored jacket fragments and white metal fragments are recovered from the subcutaneous tissue of the abdomen. The projectile fragments are photographed, sealed within an appropriately-labeled envelope, and submitted to the Criminal Investigation Laboratory.

Associated with this wound, there is a 1 inch linear red abrasion located 3 inches from the 6 o'clock margin.

The trajectory of the projectile is front to back, right to left, and upward.

Other injuries:

There is focal occipital subscalpular hemorrhage. The left frontal pole of the brain has focal mild subarachnoid hemorrhage.

The anterior right upper arm has a 3/4 inch irregular abrasion with surrounding contusion. The dorsal surface of the left hand has a few small red abrasions, ranging from 1/16 to 1/4 inch in maximum dimension. The dorsal surface of the right hand has a 1/2 inch irregular red abrasion over the knuckle region of the second finger.

These injuries, having been once described, will not be repeated.

EVIDENCE SUBMITTED

The following items are collected, sealed within appropriately-labeled containers, and submitted to the Criminal Investigation Laboratory:

- Bags from hands
- Clothing
- Blood standard
- Head hair standard
- Gunshot residue kit
- Fingernail clippings, right and left hands
- Projectiles (x2).

INTERNAL EXAMINATION

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

HEAD: See EVIDENCE OF INJURY. The skull is unremarkable. The dura and dural sinuses are unremarkable. There are no epidural or subdural hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.



NECK: See EVIDENCE OF INJURY. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal abnormalities.

RESPIRATORY SYSTEM: See EVIDENCE OF INJURY. The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 5 mL of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 100 mL of green-brown, liquefied and partially-digested food. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 150 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and on sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: See EVIDENCE OF INJURY. The clavicles, ribs, sternum, and pelvis have no fractures. The diaphragm is intact.



TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from Forensic Pathology:

- 005-006: Blood, heart - gray top tube
- 005-008: Blood, heart - red top tube
- 005-003: Vitreous - red top tube
- 005: Biohazard Bag
- 005-002: Urine - red top tube
- 005-001: Blood, femoral - gray top tube
- 005-004: Skeletal muscle - plastic tube
- 005-007: Blood, heart - gray top tube
- 005-005: Blood, heart - gray top tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (Item# 005-007)

Alcohols/Acetone (GC)
negative (Item# 005-006)

Alkaline Screen (GC/MS)
negative (Item# 005-006)

Vitreous

Alcohols/Acetone (GC)
negative (Item# 005-003)



Rhyne, Jacob Lee



FINDINGS:

1. Gunshot wound of the neck (gunshot wound #1):
 - a. Entrance: left side of the neck.
 - b. Exit: left upper back.
 - c. Injuries: perforations of neck musculature, left internal jugular vein, seventh cervical vertebral processes, and back musculature.
 - d. Recovery: copper-colored jacket fragment and white metal fragments recovered along wound track of neck.
 - e. Trajectory: front to back, left to right and downward.
 - f. Range of fire: no soot or stippling on skin.

2. Gunshot wound of the abdomen (gunshot wound #2):
 - a. Entrance: lower abdomen.
 - b. Injuries: penetration of abdominal subcutaneous tissue.
 - c. Recovery: copper-colored jacket fragments and white metal fragments recovered from subcutaneous tissue of abdomen.
 - d. Trajectory: front to back, right to left, and upward.
 - e. Range of fire: no soot or stippling on skin.

3. Other injuries:
 - a. Abrasion of right upper arm with surrounding contusion.
 - b. Abrasions of right and left hands.
 - c. Focal occipital subscalpular hemorrhage.
 - d. Focal left frontal subarachnoid hemorrhage.

4. Positively identified by fingerprint comparison.

5. History that the decedent was involved in a gang and police related shooting. See related cases IFS-15-08016 through IFS-15-08023, IFS-15-8029, and IFS-15-8875.

CONCLUSIONS:

Based on the case history and autopsy findings, it is my opinion that Jacob Lee Rhyne, a 39-year-old white male, died as a result of a gunshot wound of the neck.

MANNER OF DEATH: Homicide



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07/01/2015

Elizabeth Ventura, M.D.
Medical Examiner

07/02/2015

Emily Ogden, M.D.
Medical Examiner

07/10/2015

Stephanie Burton, M.D.
Medical Examiner

07/07/2015

Janis K Townsend-Parchman, M.D.
Medical Examiner

07/02/2015

Tracy J Dyer, M.D., J.D.
Medical Examiner

07/08/2015

Chester S Gwin, M.D.
Medical Examiner

07/02/2015

Jill E Urban, M.D.
Medical Examiner

07/09/2015

Candace Schoppe, M.D.



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INSTITUTE OF FORENSIC SCIENCES

Case: IFS-15-08017 - CC
Rhyne, Jacob Lee

Medical Examiner



07/06/2015

Reade A Quinton, M.D.

Deputy Chief Medical Examiner



07/06/2015

Jeffrey J Barnard, M.D.

Director and Chief Medical Examiner



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AT DALLAS

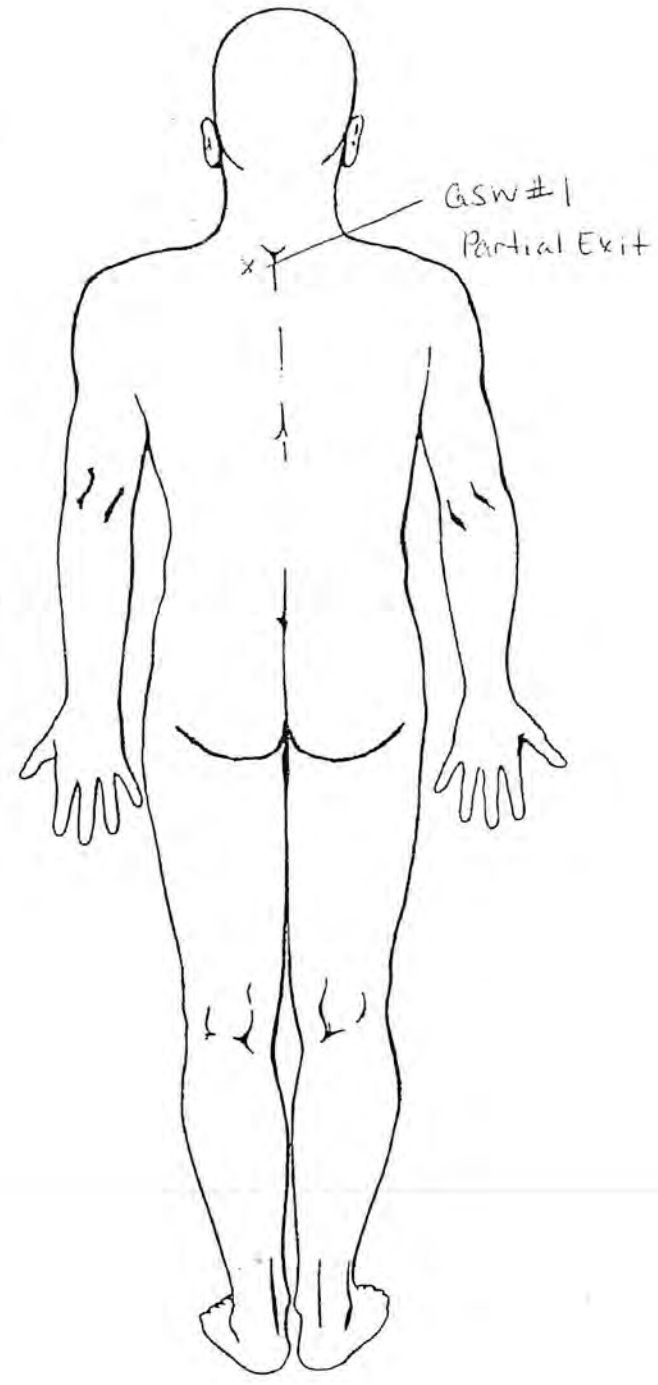
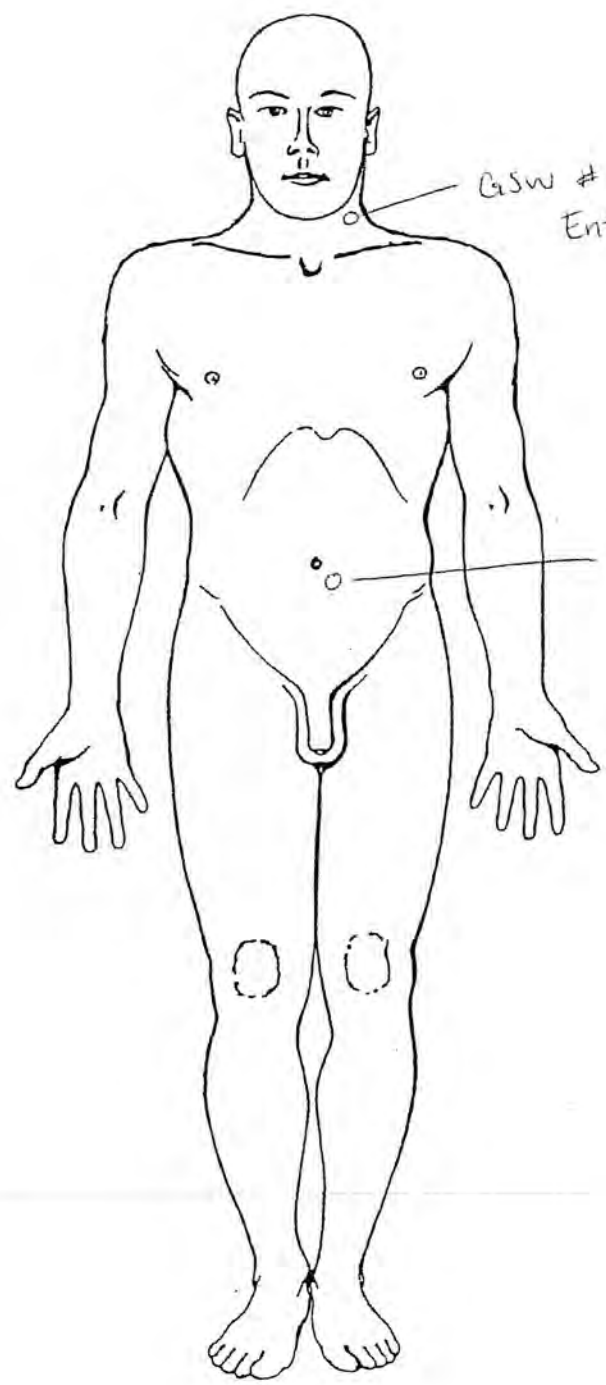
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Name Jacob Lee Rhynel

Case No. 15-8017

Age _____

Date _____



For report only:

EV