



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-15-08016 in the matter of

Kirschner, Jr., Richard Vincent, deceased.

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

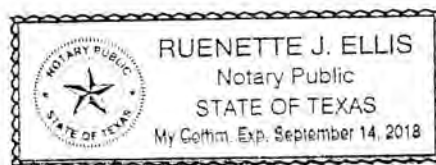
My name is Rebecca Beshay. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

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, Vernon's Texas Statutes, CCP.)



SOUTHWESTERN
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Office of the Medical Examiner
Autopsy Report

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Case: IFS-15-08016 - CC

Decedent: Kirschner, Jr., Richard Vincent 47 years White Male DOB: 03/26/1968

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

Time of Death: 01:30 PM (Actual)

Examination Performed: 05/18/2015 07:35 AM

Body Weight: 263 lbs BMI: 37.73

Body Length: 70 in

ORGAN WEIGHTS:

Brain: 1,370 g Right Lung: 680 g Right Kidney: 160 g

Heart: 530 g Left Lung: 580 g Left Kidney: 190 g

Liver: 2,470 g Spleen: 230 g

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

EXTERNAL EXAMINATION

Photographs, fingerprints, palm prints, and radiographs are taken. The hands are not received bagged.

When first viewed, the body is nude. No clothing accompanies the body and no jewelry is present.

The body is that of a normally developed white male appearing consistent with the recorded age of 47 years. The body is of large build and is obese, measuring 70 inches in length and weighing 263 pounds. There is good preservation in the absence of embalming. There is posterior slightly blanching lividity and partial rigidity. The body is cooler to the touch than room temperature.

The scalp hair is slightly wavy and brown, measuring up to 11 inches. A brown with gray beard and mustache are present. The scalp contains injury to be described below. The ears are unremarkable. The eyes are closed and have clear corneae and hazel irides. The conjunctivae are without congestion or petechiae. The nose contains injury to be described below. The mouth is unremarkable. The natural teeth appear to be in good condition. The face is unremarkable. The neck and chest contain injury to be described below. The abdomen is moderately protuberant. The body hair is average in amount and distribution for an adult male. The genitalia are those of a circumcised adult male. The back contains injury to be described below. The limbs are equally and symmetrically developed and contain injury to be described below.





IDENTIFYING MARKS AND SCARS

On the dorsum of the right forearm there is a 1-1/4 inch scar. On the dorsum of the left forearm there is a 3/4 inch scar.

There are tattoos on the upper extremities.

EVIDENCE OF TREATMENT

An oral endotracheal tube is in place. There are five electrocardiogram pads on the body. There is a Hep-Lock in the right forearm and in each antecubital fossa. There is a pulse oximeter probe on the right fourth fingertip. There is a Foley catheter in the urethra. An identification band encircles each wrist.

EVIDENCE OF INJURY

GUNSHOT WOUNDS

There are three gunshot wounds, of the left buttock and of each lower extremity, which are numbered 1-3 for purposes of identification without regard to possible chronological sequence.

GUNSHOT WOUND #1:

There is a gunshot wound of entrance in the upper outer quadrant of the left buttock, which is a 3/16 x 1/8 inch, transversely oriented oval defect that is centered 33-1/4 inches below the top of the head and 7-3/4 inches to the left of midline. No soot or stippling is present. There is a less than 1/16 inch circumferential marginal abrasion. There is a 1/16 to 1/8 inch, light red marginal contusion.

After perforating the skin, subcutaneous tissue and musculature of the upper outer quadrant of the left buttock, the bullet perforates the proximal left femur, fracturing it.

Fragments of a jacketed small caliber bullet are recovered from the bone and musculature of the left hip. One is labeled "15-8016" over "T-P". All are placed into an appropriately labeled envelope and are submitted to Criminal Investigation Laboratory.

The bullet travels back to front and downward, without significant deviation to the right or left.

GUNSHOT WOUND #2:

There is a gunshot wound of entrance in the posteromedial proximal right thigh, which is a 3/4 x 7/16 inch, slightly irregular teardrop shaped defect that is centered 41-1/2 inches below the top of the head. No soot or stippling is present. Between 2:30 and 8:30 o'clock, there is a less than 1/16 inch marginal abrasion. Directly opposite the entrance defect, on the posteromedial proximal left thigh, there is a 1-1/4 inch linear red abrasion that is oriented from anteriorly to posteriorly.



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After perforating the skin and subcutaneous tissue of the posteromedial proximal right thigh, the bullet perforates the musculature of the medial right thigh.

Fragments of jacketed bullet are recovered from the medial right thigh. One is labeled "T-P" over "8016" over "15". All are placed into an appropriately labeled envelope and are submitted to Criminal Investigation Laboratory.

The bullet travels downward, slightly left to right and slightly back to front.

GUNSHOT WOUND #3:

There is a gunshot wound of entrance in the posterolateral left knee, which is a $3/16 \times 3/16$ inch almost round defect that is centered 50-1/2 inches below the top of the head. No soot or stippling is present. There is a less than 1/16 inch marginal abrasion. There is a 1/16 to 3/16 inch circumferential marginal contusion.

After perforating the skin, subcutaneous tissue and musculature of the posterolateral left knee, the bullet perforates the lateral condyle of the left femur, fracturing it.

Fragments of a jacketed medium caliber bullet are recovered from the lateral condyle of the left femur. One is labeled "15" over "8016" over "T-P". Both are placed into an appropriately labeled envelope and are submitted to Criminal Investigation Laboratory.

The bullet travels back to front, upward and slightly left to right.

INCISED WOUND:

There is an incised wound of the right side of the neck, laterally, which is a 1-1/4 inch, slightly irregular linear defect that is oriented from anteroinferiorly to posterosuperiorly. It is centered 8-3/4 inches below the top of the head and 3 inches to the right of midline, as well as being centered 4-3/4 inches below and 1/2 inch posterior to the superior attachment of the right pinna. The defect penetrates the dermis.

OTHER INJURIES:

In the right frontal scalp, there is a 1-7/8 inch, jagged full thickness laceration to muscle. The superior margin is abraded to 3/16 inch with undermining to 1/2 inch. The inferior margin has light blue-purple contusion to 1/2 inch and undermining to 3/4 inch. There are up to 1/2 inch light pink contusions on the nose.

There are no internal injuries of the head.

On the mid chest, there is a 4 inch red linear abrasion oriented from right superiorly to left inferiorly; in line with this and inferior to it, there is a 5/8 inch, red linear abrasion and a 1/8 inch red abrasion. To the right of the 5/8 inch red abrasion, there is another, almost transversely oriented red abrasion.

On the left elbow there is a 1 inch medium red abrasion. On the medial right thigh there is a 4 inch mottled blue contusion. On



the anterior right thigh, above the knee and slightly medial to it, there is a 2-1/2 inch pink contusion. On the right knee there is a 1/2 inch medium red abrasion. On the right knee, posteromedially, there is a 3/16 inch light red abrasion. On the left knee there are a few up to 3/4 inch medium red abrasions.

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

EVIDENCE SUBMITTED

In addition to the three projectiles described above, the following are submitted to the Criminal Investigation Laboratory: fingernails (x2), handwipings (SEM stubs), blood standard and head hair standard.

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 previous description. The skull is unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid 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 previous description. The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: 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 right dominant and the coronary arteries are focally up to 30% narrowed by atherosclerotic plaque. The cardiac valves are unremarkable. The atrial and ventricular septa are intact. The myocardium is dark red-brown and firm, and without focal abnormality. The wall of the left ventricle measures 1.8 cm in thickness and is symmetrical. The pulmonary arteries contain no thromboemboli. The aorta is of usual course and caliber and its intimal surface contains minimal atherosclerosis.

RESPIRATORY SYSTEM: 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 reveals a dark red, moderately congested and moderately edematous parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is medium brown-tan, with uniform dull cut surfaces throughout. The gallbladder contains approximately 10 mL of bile, but no calculi.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, intact capsule. The parenchyma is dark red. The observed lymph nodes are unremarkable.

GENITOURINARY SYSTEM: The subcapsular surfaces of the kidneys strip with ease to reveal smooth and slightly lobulated



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surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The bladder contains approximately 1 mL of slightly cloudy yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and upon sectioning.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 600 mL of bilestained fluid. No tablets or capsules are present. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

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

MUSCULOSKELETAL SYSTEM: See previous description. The body wall fat measures up to 1-1/2 inches in maximal thickness.

TOXICOLOGY:

Evidence Submitted:

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

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

Blood, postmortem

Acid/Neutral Screen (GC/MS)

negative (Item# 004-004)

Alcohols/Acetone (GC)

ethanol: 0.042 g/100mL (Item# 004-003)

Alkaline Screen (GC/MS)

negative (Item# 004-002)

Carbon Monoxide (Analyzer)

carboxyhemoglobin: 1 % (Item# 004-005)

Cocaine and Metabolites (GC/MS)

ecgonine methyl ester: 0.020 mg/L (Item# 004-003)

benzoylecgonine: 0.158 mg/L (Item# 004-003)

Vitreous

Alcohols/Acetone (GC)

ethanol: 0.042 g/100mL (Item# 004-007)



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FINDINGS:

1. Gunshot wound of buttock into hip:
 - a. Entrance wound: upper outer quadrant of left buttock.
 - b. Apparent range of fire: no firearm residue on skin.
 - c. Injuries: fractures of proximal left femur.
 - d. Recovery: fragments of jacketed small caliber bullet from musculature and bone of left hip.
 - e. Path: back to front and downward.

2. Gunshot wound of right thigh:
 - a. Entrance wound (atypical): posteromedial proximal right thigh.
 - b. Apparent range of fire: no firearm residue on skin.
 - c. Injuries: perforations of soft tissues of medial right thigh.
 - d. Recovery: fragments of jacketed bullet from musculature of medial right thigh.
 - e. Path: downward, slightly left to right and slightly back to front.

3. Gunshot wound of left knee:
 - a. Entrance wound: posterolateral left knee.
 - b. Apparent range of fire: no firearm residue on skin.
 - c. Injuries: fractures of lateral condyle of left femur.
 - d. Recovery: fragments of jacketed medium caliber bullet from lateral condyle of left femur.
 - e. Path: back to front, upward and slightly left to right.

4. Superficial incised wound of right side of neck.

5. Full thickness laceration of right frontal scalp.

6. Abrasions and contusions of face, trunk and extremities.

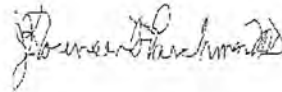
7. History that the deceased was one of nine people killed during a shooting incident that involved motorcycle gangs and police. See also companion cases IFS-15-08017, IFS-15-08018, IFS-15-08019, IFS-15-08020, IFS-15-08021, IFS-15-08022, IFS-15-08023, and IFS-15-08029.

CONCLUSIONS:

It is our conclusion that Richard Vincent Kirshner, Jr., a 47-year-old white male, died as the result of gunshot wounds.

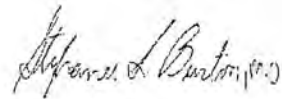
MANNER OF DEATH: Homicide





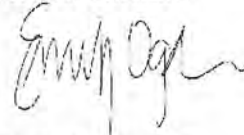
07/08/2015

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



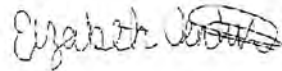
07/10/2015

Stephanie Burton, M.D.
Medical Examiner



07/08/2015

Emily Ogden, M.D.
Medical Examiner



07/10/2015

Elizabeth Ventura, M.D.
Medical Examiner



07/08/2015

Jill E Urban, M.D.
Medical Examiner



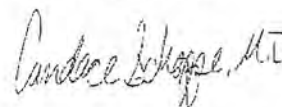
07/08/2015

Chester S Gwin, M.D.
Medical Examiner



07/08/2015

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



07/09/2015

Candace Schoppe, M.D.



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Kirschner, Jr., Richard Vincent

Medical Examiner



07/08/2015

Reade A Quinton, M.D.

Deputy Chief Medical Examiner



07/09/2015

Jeffrey J Barnard, M.D.

Director and Chief Medical Examiner



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AT DALLAS

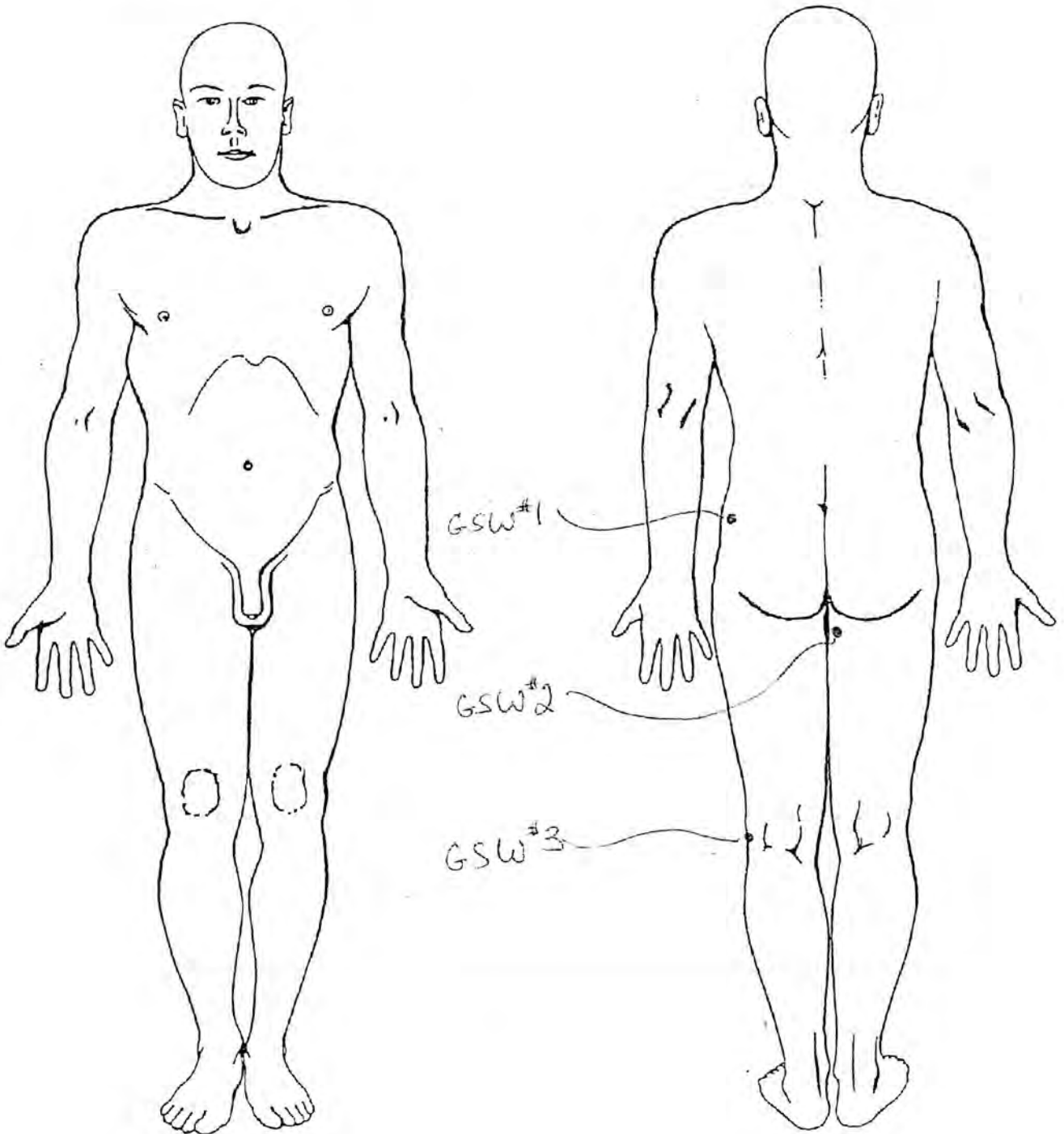
Name KIRSCHNER, Jr, Richard Vincent

Case No. 15-8016

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Age _____

Date _____



For report only

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