



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-15-08023 in the matter of

Rodriguez, Manuel Issac, 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:

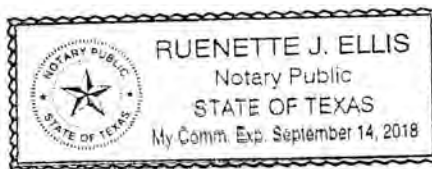
I am the Deputy Custodian of Records of the Dallas County Medical Examiner's Office. Attached hereto are 8 pages of records and xx photographs from the Dallas County Medical Examiner's Office. These said 8 pages of records and xx photographs are kept by the Dallas County Medical Examiner's Office in 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 30, 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

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Case: IFS-15-08023 - CC

Decedent: Rodriguez, Manuel Issac 40 years Hispanic Male DOB: 10/01/1974

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

Time of Death: 01:30 PM (Actual)

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

Body Weight: 230 lbs BMI: 37.12

Body Length: 66 in

ORGAN WEIGHTS:

Brain: 1,340 g	Right Lung: 330 g	Right Kidney: 160 g
Heart: 480 g	Left Lung: 340 g	Left Kidney: 160 g
Liver: 2,580 g	Spleen: 210 g	

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

This case is related to cases IFS-15-08016 through IFS-15-08022 and IFS-15-08029.

EXTERNAL EXAMINATION

The body is unidentified at the time of autopsy, and is later identified based upon fingerprint comparison. Photographs, fingerprints, palm prints, and radiographs are taken.

When first viewed, the body is clad in a brown vest jacket, black jacket with defect, black T-shirt with defect, white sleeveless shirt with defect, black pants, blue jeans, brown belt with yellow metal buckle, gray boxer-briefs, black boots, and white socks. The hands are bagged. A white metal necklace with a pendant is around the neck. The pockets of the clothing contain four quarters, one dime, two nickels, and a penny. The clothing and bags from the hands are submitted to the Criminal Investigation Laboratory and all other items are released.

The body is that of a well-developed, obese, Hispanic male whose appearance is compatible with the reported age of 40 years. The body, when nude, is 230 pounds and 66 inches long. There is good preservation in the absence of embalming. The body is cold, rigor is partial, and there is well developed, blanching, posterior lividity.

The scalp hair is short, brown, and straight. A brown mustache and goatee are present and stubble is on the face. The irides



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are brown, the corneae are slightly cloudy, and there are no petechiae of the bulbar or palpebral conjunctivae. The ears, nose, and lips are unremarkable. The teeth are natural and in good condition. The neck is unremarkable. The chest is symmetrical, and the abdomen is markedly protuberant. The external genitalia, anus, and perineum are unremarkable. The penis is uncircumcised and the testes are descended into the scrotum. The extremities are well developed. The back is normally developed. Skin sloughing is present on the right side of the chest, right arm, right side of the abdomen, thighs, and left leg.

IDENTIFYING MARKS AND SCARS

Tattoos are on the left second through fifth fingers and the right second through fifth fingers.

A 4-1/8 inch linear scar that ranges from 1/8 to 3/4 inch wide is on the ventral right forearm.

EVIDENCE OF THERAPY

None.

EVIDENCE OF INJURY

GUNSHOT WOUNDS

There are two gunshot wounds described below by location without regard to severity or chronological sequence.

1. GUNSHOT WOUND OF HEAD (GUNSHOT WOUND #1):

A gunshot entrance wound of the right frontal scalp is centered 2-3/4 inches below the top of the head and 2-3/8 inches right of the midline. The wound is 1/4 x 3/16 inch, oval, and horizontally oriented. The wound is surrounded by a circumferential marginal abrasion that measures 1/16 inch from 3 o'clock to 11 o'clock and 1/8 inch from 11 o'clock to 3 o'clock. A 3/16 inch marginal laceration is at 8 o'clock, a 1/16 inch marginal laceration is at 12 o'clock, a 1/16 inch marginal laceration is at 3 o'clock, and numerous marginal lacerations measuring less than 1/16 inch are between 3 o'clock and 7 o'clock. There is no soot or stippling.

After perforating the right frontal scalp, the bullet subsequently perforates the right side of the frontal bone, right side of the sphenoid bone, right temporal lobe, right temporal bone, right side of the pons, right side of the cerebellum, basilar right side of the occipital bone, and lodges in the musculature of the left side of the neck posterior to the sixth cervical vertebra.

A severely deformed, apparent medium caliber, jacketed bullet is recovered from the musculature of the left side of the neck posterior to the sixth cervical vertebra, 7-1/2 inches below the top of the head and 7/8 inch left of the midline. Due to severe deformation, the bullet is not inscribed. It is photographed, placed in an appropriately labeled envelope, and submitted to the Criminal Investigation Laboratory.

Associated with this wound: a 1 inch subscalpular hemorrhage overlies the right side of the frontal bone, a 2 inch subscalpular hemorrhage overlies the right temporal bone, and a 1 inch subscalpular hemorrhage overlies the left temporal bone. The temporalis muscles are hemorrhagic. A moderate amount of subdural hemorrhage and subarachnoid hemorrhage overlies the



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convexities and base of the brain. Basilar skull fractures involve the left and right sides of the frontal bone, ethmoid bone, right side of the sphenoid bone, left and right temporal bones, and left and right sides of the occipital bone. A calvarial skull fracture involves the right parietal bone.

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

2. GUNSHOT WOUND OF RIGHT SIDE OF BACK (GUNSHOT WOUND #2):

A gunshot entrance wound of the right side of the back is centered 14-1/2 inches below the top of the head and 9-1/4 inches right of the midline. The wound is 1/4 x 3/16 inch, tangentially oriented, and has beveling at the superolateral aspect. There is a 1/16 to 1/4 inch circumferential marginal abrasion, which is maximal at 2 o'clock. A blue purple contusion extends up to 3/16 inch from 10 o'clock to 4 o'clock. There is no soot or stippling.

After perforating the skin, subcutaneous tissue, and musculature of the right side of the back, the bullet sequentially perforates the posterior right sixth intercostal muscles, posterior right seventh rib (with fracture), penetrates the lower lobe of the right lung, perforates the posterior right seventh intercostal muscles, posterior right eighth rib (with fracture), posterior right eighth intercostal muscles, musculature of the right side of the back, and lodges in the musculature of the left side of the back.

A moderately deformed, apparent medium caliber, jacketed bullet is recovered from the musculature of the left side of the back, centered 19-1/2 inches below the top of the head and 4-1/2 inches left of the midline. The bullet is labeled "15" over "8023" over "SMH", placed in an appropriately labeled envelope and submitted to the Criminal Investigation Laboratory.

Associated with this wound is 350 mL of right hemothorax and the wound track is hemorrhagic.

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

OTHER INJURIES:

An ill-defined 3-3/4 x 1-3/4 inch area of pink-purple discoloration with skin sloughing is on the medial right thigh and a 4 x 2-3/4 inch irregular ill-defined area of pink-purple discoloration with skin sloughing is on the medial left thigh.

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:

- Clothing
- Bags from hands
- Blood standard
- Head hair standard
- Projectile from neck



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- Projectile from back
- Fingernail clippings from right hand
- Fingernail clippings from left hand
- Gunshot residue kit.

INTERNAL EXAMINATION

BODY CAVITIES: See EVIDENCE OF INJURY. The thoracic and abdominal organs are in their normal anatomic positions. The pericardial sac, left pleural cavity, and abdominal cavity contain no abnormal collections of fluid. There are no adhesions.

HEAD: See EVIDENCE OF INJURY. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: See EVIDENCE OF INJURY. The prevertebral fascia is unremarkable. 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 probe patent. 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. The right ventricle is 0.4 cm thick, the left ventricular free wall is 1.6 cm thick and the interventricular septum is 1.7 cm thick.

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 light tan-brown and moderately congested. The gallbladder mucosa has a speckled yellow-green appearance and contains approximately 5 mL of light green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 200 mL of dark brown fluid 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 slightly granular surfaces. The cortices are of normal thickness, with well demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 50 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and upon sectioning.

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



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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, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

TOXICOLOGY:

Evidence Submitted:

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

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

Blood, postmortem

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

Alcohols/Acetone (GC)
negative (Item# 007-005)

Alkaline Screen (GC/MS)
negative (Item# 007-006)

Vitreous

Alcohols/Acetone (GC)
negative (Item# 007-002)



Rodriguez, Manuel Issac



FINDINGS:

1. Gunshot wound of head:
 - a. Entrance wound: right frontal scalp.
 - b. Apparent range of fire: no firearm residue on skin.
 - c. Injuries: perforations of right side of frontal bone, right side of the sphenoid bone, right temporal lobe, right temporal bone, pons, cerebellum, and right side of the occipital bone with subscalpular, subdural, and subarachnoid hemorrhages and numerous basilar and calvarial skull fractures.
 - d. Recovery: severely deformed, apparent medium caliber, jacketed bullet from left side of the neck.
 - e. Path: front to back, right to left, and downward.

2. Gunshot wound of right side of back:
 - a. Entrance wound: right side of back.
 - b. Range of fire: no firearm residue on skin.
 - c. Injuries: perforations of the posterior right sixth intercostal muscles and posterior right seventh rib (with fracture), penetration of right lung, perforations of posterior right seventh intercostal muscles, posterior right eighth rib (with fracture) and posterior right eighth intercostal muscles, with 350 mL of right hemothorax.
 - d. Recovery: moderately deformed, apparent medium caliber, jacketed bullet from left side of back.
 - e. Path: right to left, downward, and slightly back to front.

3. History that the decedent was shot by another person(s). See related cases IFS-15-08016 through IFS-15-08022 and IFS-15-08029.

CONCLUSIONS:

Based on the case history and autopsy findings, it is our opinion that Manuel Issac Rodriguez, a 40-year-old Hispanic male, died as a result of gunshot wounds.

MANNER OF DEATH: Homicide

07/20/2015

Stephen M. Hastings, M.D.
Medical Examiner

07/20/2015

Chester S Gwin, M.D.
Medical Examiner



Rodriguez, Manuel Issac

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07/21/2015

Jill E Urban, M.D.
Medical Examiner



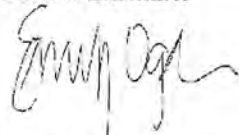
07/21/2015

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



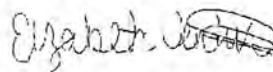
07/22/2015

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



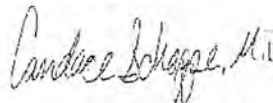
07/20/2015

Emily Ogden, M.D.
Medical Examiner



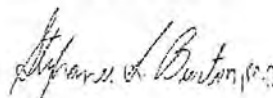
07/21/2015

Elizabeth Ventura, M.D.
Medical Examiner



07/21/2015

Candace Schoppe, M.D.
Medical Examiner



07/21/2015

Stephanie Burton, M.D.
Medical Examiner



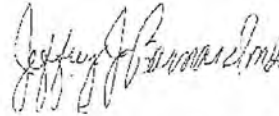
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07/22/2015

Reade A Quinton, M.D.

Deputy Chief Medical Examiner



07/20/2015

Jeffrey J Barnard, M.D.

Director and Chief Medical Examiner



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AT DALLAS

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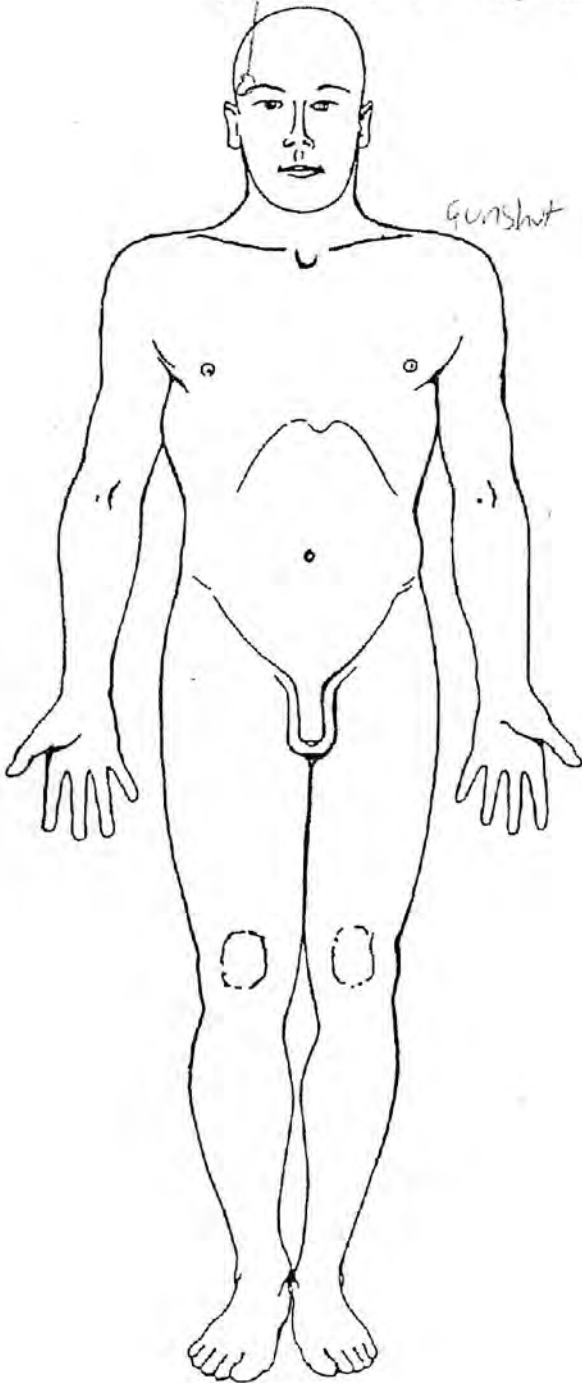
Name Rodriguez Manuel

Case No. 15-8023

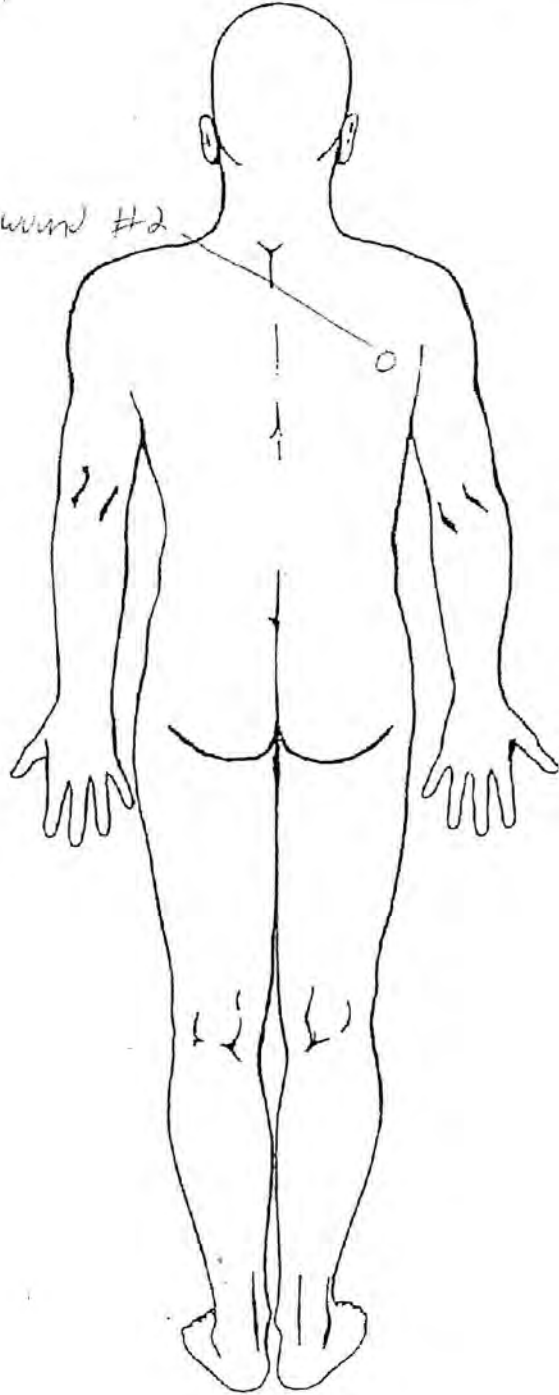
Age _____

Date 5/18/2015

Gunshot entrance wound #1



Gunshot entrance wound #2



For report of

SMH