

Exhibit E:

Douglas County Coroner's Report:  
Rebecca Gonzales



OFFICE OF THE CORONER  
DOUGLAS COUNTY, COLORADO



Mark R. Stover, Coroner  
Wesley A. Riber, Deputy Coroner  
Laurie J. Andersen, Investigative Assistant

**CORONER'S REPORT**


Case #: 99-150  
Deceased: Rebecca Gonzales  
Date of Death: June 23, 1999

The subject was found lying on the back seat of a Ford extended cab pickup.

An autopsy was performed by Dr. Galloway. The cause of death was determined to be brain injuries due to through and through large caliber gunshot to the right side of the head.

Toxicology results were negative for drugs and alcohol.

This death is a homicide.

  
Wesley A. Riber  
Deputy Coroner

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GONZALES, Rebecca

Dr. Galloway

**FINAL ANATOMIC DIAGNOSES:**

1. Through and through large calibre gunshot wound involving the region of the right temple associated with:
  - A. Massive fracturing of the skull
  - B. Lacerations brain
2. Through and through large calibre gunshot wound involving the left chest wall in the subcutaneous tissues

COMMENT: The autopsy findings in this case reveal that the cause of death is due to brain injuries secondary to through and through large calibre gunshot wound involving the region of the right temple.

  
Ben Galloway, M.D.

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This autopsy is performed in the Douglas County Coroner's Office in Castle Rock, Colorado on June 24, 1999 at 11:15 a.m. This autopsy is done at the request of Mr. Mark Stover, the Coroner of Douglas County. Mr. Stover attended the autopsy and made the identification to me personally. Members of the Douglas County Coroner's Office, and representatives of the 18th Judicial District Incident Review Team are in attendance at the autopsy. I am assisted in the autopsy by Mr. Rob Kulbacki.

**HISTORY:** This is the case of a 10-year-old Hispanic female who was discovered lying across the back seat of the cab of a pickup truck, dead; the apparent victim of gunshot wounds. The decedent was pronounced dead at the scene. The place of discovery was in front of the Police Station in Castle Rock, Colorado on the early morning of June 23, 1999.

**EXTERNAL EXAMINATION:** The body is fully clothed in a green plaid jacket; multi-colored coat which is on upside down around the waist and upper legs; white shorts; white panties; and white T-shirt. There are multiple fragments of broken glass in the clothing. This is the unembalmed, well-developed, well-nourished, body of an Hispanic female appearing consistent with the stated age of 10. Height is measured at 51-1/2"; weight is estimated at 40-45 pounds. Rigor is well developed and broken rather easily. Reddish-purple livor is set over the dorsal aspects with appropriate blanching of the pressure points.

**HEAD:** The scalp is covered by long, thick, black hair. Present on the right side of the head, in the region of the right temple, 1-1/2" anterior to the right ear, in the horizontal plane of the superior margin of the right ear, is a circular, deeply penetrating gunshot wound surrounded by a circumferential marginal abrasion. The perforated area measures 5/16" in diameter. The abraded area measures 1/2" in diameter. One-eighth (1/8) inch anterior to this wound is a second circular laceration without marginal abrasion, which measures 1/4" in diameter. Powder stippling is present, extending downward and anteriorly a distance of 2-1/2" from the wound. Present on the left side of the head, in the vertical plane of the left ear, 4" above the horizontal plane of the left ear, is an oblong configured, exit type of gunshot wound showing no evidence of marginal abrasion or powder residue; additionally, associated with irregular tearing of the margins; measuring 1-3/4" in length by 3/4" in width. For identification purposes, the wound in the area of the right temple is referred to as "A" and the wound on the left upper side of the head is identified as "C". Palpating the skull reveals extensive instability due to underlying fractures of the skull. There is no significant localized soft tissue swelling. Ears - both earlobes are pierced. Eyes - the eyebrows are black. The sclerae are white. The irides are brown. The pupils are round, measure 7 mm, and are directed anteriorly. The conjunctivae are pale. Nose - the nose is externally unremarkable. The nasal passages are widely patent. The septum is in the midline. Mouth - the lips are reddish

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purple. The oral mucous membranes are tan and moist. The tongue is reddish-brown and finely granular. The teeth are in a good state of dental repair.

**NECK:** The external surface of the neck reveals no evidence of trauma. The neck organs are in the midline without palpable masses.

**CHEST:** The chest demonstrates a normal anterior-posterior diameter. Present in the left upper chest; 3" below the sternal notch; 2-3/4" lateral to the left of the mid-sternal line; 1-3/4" above the left nipple; is a circular, deeply penetrating gunshot wound showing circumferential marginal abrasion, greater on the medial aspect of the wound. The perforated area of the wound measures 5/16" in diameter. The abraded area is 1/2". This is located 39" above the heel of the left foot. For identification purposes, this wound will be referred to as "B". The nipples are normal for this age individual. Palpating the chest reveals no instability. The axillae are negative to observation and palpation.

**ABDOMEN:** The abdomen is flat. No external trauma is present. There is no evidence of previous surgical exploration. On deep palpation, no organomegaly or masses are noted grossly.

**GENITALIA:** No pubic hair is present. The labial folds are intact. The introitus is intact. The hymenal ring and hymenal membrane are intact. No injuries are observed.

**BACK:** Present in the left upper back, in the horizontal plane of the apex of the left axilla, 2-1/4" below the base of the neck, 4-1/2" lateral to the left of the mid-vertebral line, 42-1/2" above the heel of the left foot, is a generally circular gunshot wound showing no evidence of marginal abrasion. The margins of the wound show fine irregular tearing. This wound measures 5/16" in diameter and is identified as "D". The anus is intact without any unusual dilatation or trauma. There is a purple contusion on the posterior aspect of the right gluteal area measuring 1-1/2" in size.

**EXTREMITIES:** The upper extremities are intact. The nails are short and slightly dirty. Red nail polish covers the nails of both thumbs. The forearms are unremarkable. The antecubital fossae reveal no evidence of recent needle puncture marks or scars. The upper arms are intact and unremarkable grossly. The lower extremities are intact. Present on the anterior surface of the right knee, is a vertically oriented, curvilinear, healing scratch measuring 3/4" in length. The toenails are covered by red nail polish. The soles of the feet are intact and unremarkable grossly.

**INTERNAL EXAMINATION:** Through the usual Y-shaped incision, a thin layer of yellow subcutaneous adipose tissue and reddish-brown musculature are revealed. The diaphragms are intact.

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arch to the level of the 5th left intercostal space and the 4th right intercostal space. The peritoneal cavity contains no unusual accumulation of fluid. The lining is smooth, gray and glistening. The viscera and omentum are normally disposed.

**PLEURAL SPACES:** The pleural spaces are without any unusual accumulation of fluid. The parietal pleurae are smooth, gray and glistening. The bony structures of the chest are intact and unremarkable grossly. There is a small area of extrapleural contusion involving the lateral surface of the left upper chest. The clavicles are intact. The sternum is intact. There is a wound tract in the subcutaneous tissues of the left anterior, lateral and posterior chest wall, associated with a circular area of perforation which is beveled outward involving the left scapula underneath the previous wound described in the left upper back. The pericardial sac is intact. The lumen contains 4 cc of clear fluid. The pericardium is smooth, gray and glistening.

**THYMUS:** Twenty (20) grams of tan, lobular, firm, thymic tissue is present in the anterior superior mediastinal space.

**NECK:** The lumen of the upper esophagus and pharynx is patent. The mucosal surface is tan and wrinkled. The lumen of the upper respiratory tract is patent. The mucosal surface is tan and smooth. The hyoid bone and cricothyroid cartilages are intact.

**THYROID:** The thyroid is of normal size, shape, and position, and has a reddish-purple, lobular, firm, gross appearance. The cervical vertebrae are intact. There is no obstruction to the posterior nasopharynx or the posterior aspect of the oral cavity. The major vessels of the neck are intact and unremarkable grossly. There is no soft tissue hemorrhage in the neck.

**HEART:** The heart is intact and weighs 120 grams. The epicardial surface is reddish-brown, smooth, and glistening. No epicardial yellow fat is present. The myocardium is reddish-brown and firm without gross evidence of fibrosis or softening. The ventricular walls are of normal thickness. The endocardial surface is reddish-brown, smooth, and glistening. The cardiac valves are intact. The valve leaflets are thin and fully pliable. The valve circumferences are normal for this size heart. The chordae tendineae are tan and delicate. The papillary muscles are intact. The foramen ovale is closed. The atrial septum is intact. The ventricular septum is intact. The coronary ostia are in a normal anatomic position and widely patent. The coronary arteries demonstrate a normal anatomic distribution with normal gross features.

**AORTA:** The aorta is intact and of normal course and calibre throughout. The intimal surface is tan and smooth. The wall is thin and elastic. The main abdominal tributaries are intact.

**RESPIRATORY SYSTEM:** The lumen of the lower respiratory tract contains hemorrhagic fluid. The mucosal surface is hyperemic and

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smooth. The lungs are moderately well aerated. The pleural surfaces are pink, gray, smooth and glistening. The lungs together weigh 240 grams. There is a contusion on the lateral aspect of the upper lobe of the left lung. Serial sections of the lung tissue are soft and spongy with minimal congestion. The pulmonary arteries are intact without evidence of thromboembolic disease. The pulmonary veins empty into the left atrium in a normal fashion.

**GASTROINTESTINAL SYSTEM:** The esophagus is of normal course and calibre throughout. The lumen is patent. The mucosal surface is tan with longitudinal furrowing. The wall is thin. The stomach is in a normal anatomic position. The lumen contains 175 cc of thick, brown, liquid, gastric contents, containing some brown formed material in which I can identify french fries, hamburger, and leafy green vegetables. The gastric mucosa is tan with intact rugae. No peptic ulcer disease or tumor are noted grossly. The small bowel demonstrates a normal anatomic distribution. The lumen contains abundant amounts of semi-liquid, yellow-brown fecal material. The mucosal surface is tan with transverse folding. The wall is thin. The appendix is present and unremarkable grossly. The large bowel demonstrates a normal anatomic distribution. The lumen contains moderate amounts of soft, well-formed, greenish-brown, fecal material. The mucosal surface is tan and wrinkled.

**SPLEEN:** The spleen is intact and weighs 50 grams. The external surface is purple and smooth. Serial sections reveal a firm, reddish-purple, splenic parenchyma.

**LIVER:** The liver is intact and weighs 760 grams. The external surface is reddish-brown, smooth, and glistening. Serial sections reveal a firm, reddish-brown, lobular, liver tissue.

**GALLBLADDER:** The gallbladder is intact. The lumen contains 2 cc of liquid, yellow-brown, liquid, gastric contents. The mucosal surface is smooth and bile stained. The cystic duct and common bile duct are intact and patent throughout. The portal vein, splenic vein, and superior mesenteric vein are intact and patent.

**PANCREAS:** The pancreas is of normal size, shape, and position, and has a tan, lobular, soft, gross appearance.

**ADRENALS:** Both adrenals are identified. Serial sections reveal a thin yellow cortex and gray medulla.

**KIDNEYS:** Both kidneys are identified. The capsules strip easily. The kidneys together weigh 110 grams. The cortical surfaces are reddish-brown and smooth. Bivalving of each kidney reveals a well-demarcated, reddish-brown cortex and medulla. The renal papillae are normal. There is no calyceal scarring. There is no unusual pelvic dilatation. Both ureters are present, patent, and uniform in diameter throughout.

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**BLADDER:** The bladder is intact. The lumen contains 1 cc of clear yellow urine. The bladder mucosa is tan and wrinkled.

**GENITALIA:** The upper vaginal vault is intact. The vaginal mucosa is tan and smooth. The cervix, uterus, both ovaries and both fallopian tubes are identified and demonstrate normal gross features.

**MUSCULOSKELETAL SYSTEM:** Other than the wound tract I have already described in the left chest wall, no other injuries other than those to be described under the head are observed.

**LYMPHATICS:** No gross abnormality.

**VENOUS SYSTEM:** There is no evidence of hepatic vein, renal vein, or portal vein thrombosis. The superior and inferior vena cavae are intact.

**CENTRAL NERVOUS SYSTEM:** Reflection of the scalp reveals wound tracts in both the right and left side of the head. There is a circular perforation involving the right temporal bone which is beveled inward. Numerous fractures radiate from this injury and from chipping of the margins of the perforation probably explains the circular laceration adjacent to the exit wound in the right temple. There is a large circular perforation beveled outward involving the left parietal area. Numerous fractures radiate from this injury. Removal of a portion of the calvarium reveals no evidence of epidural, subdural, or subarachnoid hemorrhage. The brain demonstrates extensive injury involving the temporal and parietal areas of the right cerebral hemisphere, and the parietal area of the left cerebral hemisphere. The brain weighs 1280 grams. Serial sectioning the cerebral cortex, the midbrain, the pons, the medulla, the spinal cord, the cerebellum and the pituitary reveals extensive injury involving both cerebral hemispheres in the mid-portion of the brain. Examination of the base of the skull reveals massive fracturing involving the posterior fossa and the temporal fossa. C1 and C2 are intact. The odontoid ligament and odontoid processes are intact.

**TOXICOLOGY:**

**Blood:** I obtained one gray-stoppered test tube of blood from the heart.

**Gastric Contents:** I obtained one cup of gastric contents.

**Urine:** I obtained one gray-stoppered test tube of a small amount of urine.

**Vitreous Humor:** I obtained one red-stoppered test tube of vitreous humor.

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**TRACE EVIDENCE:** The following specimens are obtained during the autopsy and given to the Police Officers attending the autopsy. These include:

1. Random samples of scalp hair.
2. Scalp hair adjacent to wound designated "A".
3. Powder granules from around wound "A".
4. Oral, vaginal and anal swabs and smears.
5. One yellow-stoppered test tube of blood is taken from the heart.

**WOUND SUMMARIES:**

**Wound 1** involves entrance wound "A" in the region of the right temple. The projectile entered the cranium in the region of the right temporal bone, transecting both the right and left cerebral hemispheres, exiting the skull in the left upper parietal area. The projectile traveled anteriorly posteriorly, right to left at an angle of 30 degrees in the horizontal plane, and in an upward angle of approximately 30 degrees in the vertical plane.

**Wound 2** involves a through and through subcutaneous wound involving the left chest wall with an entrance wound in the left upper chest and the exit wound in the left upper back. This projectile traveled anteriorly posteriorly, left to right, in a slightly upward angle of 20 degrees.

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GONZALES, Rebecca

Dr. Galloway

**MICROSCOPICS:**

Sections of major organs confirm the gross autopsy findings and reveal no evidence of any unexpected underlying disease.

**TOXICOLOGY:**

Blood Alcohol            Negative

Urine Drug Screen      Negative

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