

Exhibit F:

Douglas County Coroner's Report:  
Katheryn 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 #: 99-151  
Deceased: Kathryn Gonzales  
Date of Death: June 23, 1999

The subject was found lying on the floor area in front of 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 left 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, Katheryn

Dr. Galloway

**FINAL ANATOMIC DIAGNOSES:**

1. Through and through large calibre gunshot wound involving the left side of the face adjacent to the eye associated with:
  - A. Massive fracturing of the skull
  - B. Extensive lacerations of the brain
2. Through and through large calibre gunshot wound involving the right chest associated with:
  - A. Laceration right pulmonary artery
  - B. Laceration right main stem bronchus
  - C. Right hemothorax
3. Through and through large calibre gunshot wound involving the left upper chest associated with:
  - A. Laceration left lung
  - B. Left hemothorax
4. Graze wound involving the ring finger of the left hand

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

  
Ben Galloway, M.D.

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This autopsy is performed in the Douglas County Coroner's Office in Castle Rock, Colorado on 06/24/99 at 1:00 p.m. The 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, the Colorado Bureau of Investigation, and an Incident Investigation Team for the 18th Judicial District also attended the autopsy.

**HISTORY:** This is the case of a 9-year-old, Hispanic child discovered laying on the floor of 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. No other history is available at the time of autopsy.

**EXTERNAL EXAMINATION:** The decedent is fully clothed in a flower-patterned, multi-colored shirt; bluejean bermuda shorts; white panties; and white socks. There is an ankle bracelet encircling the right ankle. Pierced earrings with white stones are present in both ears. There is a necklace encircling the neck. This is the unembalmed, well-developed, well-nourished, traumatized body of an Hispanic female appearing consistent with the stated age of 9. Height is measured at 49"; weight is estimated at 35-40 pounds. Rigor is well developed and broken rather easily. Reddish-purple livor is set over the dorsal aspects of the body with appropriate blanching of the pressure points.

**HEAD:** The scalp is covered by long, thick, black hair with blood and brain fragments on the right side of the head. Present on the anterior-lateral aspect of the right forehead is a large gaping laceration containing fragments of bone and brain, measuring 3" by 2". For identification purposes, this wound will be referred to as "F". Palpating the head reveals extensive instability due to underlying fractures of the skull. There is no significant palpable soft tissue swelling. Ears - the ears are externally unremarkable. Eyes - present 3/4" lateral to the lateral margin of the left eye; in the horizontal plane of the left eye; is a circular, deeply penetrating gunshot wound showing circumferential marginal abrasion. The perforated area of this wound measures 5/16" in diameter. The abraded area measures 3/8" in diameter. Powder stippling extends 2" around the wound. For identification purposes this wound will be referred to as "A". Present on the medial aspect of the left eyebrow is an oblong configured laceration showing no evidence of any marginal abrasion. This injury measures 1" in length by 1/2" in width. Present in the left margin of the bridge of the nose is a circular perforation measuring 1/8". The left eye has been destroyed. The sclera of the right eye is white. The iris is brown. The pupil is round, measures 6 mm, and is directed anteriorly. The conjunctivae are pale. Nose - other than the previously described circular laceration of the bridge of the nose, no other external injuries are observed. The nasal passages contain bloody fluid. I can palpate fractures of the upper nose. Mouth - the lips are reddish-purple. The

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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 on the left upper chest, 2" below the sternal notch, 1" lateral to the left of the mid-sternal line, is a circular deeply penetrating gunshot wound showing circumferential marginal abrasion. Powder stippling extends around the wound a distance of 1". The perforated area of the wound measures 5/16" in diameter. The abraded area measures 1/2" in diameter. This is located 38" above the heel of the left foot. For identification purposes, this wound will be referred to as "B". Present on the right upper chest, 2-1/2" below the sternal notch, 1" lateral to the right of the mid-sternal line, is a circular, deeply penetrating, large calibre gunshot wound showing circumferential marginal abrasion. There is some powder stippling which is not as concentrated as that surrounding the wound in the left chest. This extends down 1/2". For identification purposes, this wound will be referred as "C". The perforated area measures 5/16" in diameter; the abraded area 1/2" in diameter. This wound is located 37-1/2" above the heel of the right foot. For identification purposes, this wound will be referred to as "C". No other external trauma involves the chest. 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 membrane are intact. No injuries are observed.

**BACK:** Present on the right upper quadrant of the back, 3" below the base of the neck; 3/4" lateral to the right of the mid-vertebral line; is a circular deeply penetrating exit type of gunshot wound showing no evidence of any marginal abrasion or powder residue. There is some fine tearing of the margins of the wound. This wound measures 7/16" in diameter and is located 38-1/2" above the heel of the right foot. For identification purposes, this wound will be referred to as "D". Present on the left upper aspect of the back; 3" below the base of the neck; 2" lateral to the left of the mid-vertebral line, is a circular, deeply penetrating gunshot wound showing no evidence of marginal abrasion or powder residue. There is fine tearing of the margins. This wound measures 1/2" in diameter. For identification purposes, this wound will be referred to as "E". The anus is intact without any unusual dilatation or trauma.

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**EXTREMITIES:** Upper Extremities - there is a graze wound involving the medial aspect of the ring finger of the right hand associated with a chip fracture of the middle phalanx. This wound measures 5/16" in diameter, shows marginal abrasion, and there is stippling extending 1/2" around the wound. The nails are intact, moderate length, and covered by red nail polish. 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. There are purple contusions on the anterior aspects of both lower legs, each measuring 1/2". 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 and 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:** Each pleural space contains 20 cc of hemorrhagic fluid. The parietal pleurae are smooth, gray and glistening. Circular perforations involve the anterior second intercostal spaces bilaterally and the posterior fourth intercostal spaces bilaterally. There are some chip fractures of the fourth ribs posteriorly. The sternum is intact. The clavicles are intact. The pericardial sac is intact. The lumen contains 3 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 contains some blood. 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. There is no soft tissue hemorrhage in the neck.

**HEART:** The heart is intact and weighs 105 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

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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. There is a through and through laceration involving the left lung, involving both the upper and lower lobes. The lungs are moderately well aerated. The pleural surfaces are pink, reddish-purple, and smooth with evidence of aspirated blood. The lungs together weigh 200 grams. Serial sections reveal soft, spongy, lung tissue showing internal lacerations involving the upper and lower lobes of the left lung. There is also aspirated blood. There is vascular congestion and early edema. The pulmonary arteries - there is a circular laceration involving the right pulmonary artery, and this is also associated with a circular through and through laceration of the right main stem bronchus.

**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 130 cc of thick, brown, liquid, gastric contents containing fragments of hamburger, beans, and some cheese, consistent with chili. 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-tan, 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 with normal gross features. The lumen contains abundant amounts of well-formed, firm, 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 680 grams. The external surface is reddish-brown, smooth, and glistening. Serial sections reveal a firm, reddish-brown, lobular, normal appearing, liver tissue.

**GALLBLADDER:** The gallbladder is intact. The lumen contains 1 cc of liquid, yellowish-brown bile. The mucosal surface is smooth and bile stained. The cystic duct and common bile duct are

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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, firm, gross appearance.

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

**KIDNEYS:** Both kidneys are identified. The kidneys together 100 grams. The capsules strip easily. 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.

**BLADDER:** The bladder is intact. The lumen contains 4 cc of clear yellow urine. The bladder mucosa is tan and wrinkled.

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

**MUSCULOSKELETAL SYSTEM:** As previously described, there is trauma related to the gunshot wound involving the anterior and posterior chest wall. There is also a chip fracture of the middle phalanx of the ring finger of the left hand.

**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 hemorrhage on the left and right sides of the head. The normal contour of the cranium has been markedly distorted by extensive fracturing involving the right mid and anterior portions of the skull. There is a large defect in the right anterior lateral aspect of the skull. Fracture fragments comprise the margins of this defect. Removal of a portion of the calvarium reveals no epidural, subdural, or subarachnoid hemorrhage. There is massive destruction of the anterior and middle aspects of both cerebral hemispheres. The brain weighs 1160 grams. There is extensive injury to the middle and anterior major cerebral vessels. Serial sectioning the cerebral cortex, the midbrain, the pons, the medulla, the spinal cord, the cerebellum and the pituitary reveals extensive injury to the middle and anterior aspects of both cerebral hemispheres with laceration and fragmentation of the brain. There is extensive fracturing of the base of the skull involving the orbital plates, the temporal fossae, and the cribriform plates. C1 and C2 are intact. The odontoid ligament

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and odontoid processes are intact.

**TOXICOLOGY:**

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

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

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

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

These will be submitted for routine toxicologic evaluation.

**TRACE EVIDENCE:** The following trace evidence is obtained during the autopsy procedure and given to the Police Officers who attended the autopsy during the autopsy. I obtained:

1. Random samples of scalp hair.
2. Oral, vaginal and anal swabs and smears.
3. Powder granules from the wounds of the chest.
4. Powder granules from the head wound.
5. One yellow-stoppered test tube of blood from the left chest.
6. One purple-stoppered test tube of blood from the left chest.

**WOUND SUMMARIES:**

**Wound 1** involves an entrance wound located adjacent to the lateral aspect of the left eye. The projectile traveled upwards, entering the cranial vault in the left frontal area, transecting the anterior aspect of the left cerebral hemisphere, and the anterior middle aspect of the right cerebral hemisphere, exiting the head in the right anterior lateral aspect of the right side of the head. This projectile traveled left to right, anterior posterior, at an angle of approximately 20 degrees in the horizontal plane, and in an upward angle of approximately 30 degrees in the vertical plane.

**Wound 2** involves an entrance wound in the right upper chest, designated "C". The projectile entered the chest cavity through the 2nd interspace, transected the hilum of the right lung, injuring the right main stem bronchus and the right pulmonary artery, exiting the posterior chest wall and body at the level of intercostal space 4. This projectile traveled anterior-posteriorly, left to right at an angle of approximately 10 degrees in the horizontal plane and in upward angle of approximately 5 degrees in the vertical plane.

**Wound 3** involves an entrance wound in the left anterior chest wall designated "B". This projectile entered the chest cavity through the anterior 2nd intercostal space, transected

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lung, and exited the body at the level of the left posterior fourth intercostal space. This projectile traveled anteriorly-posteriorly, right to left, at an angle of 15 degrees in the horizontal plane and in an upward angle of approximately 5 degrees.

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GONZALES, Katheryn

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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