

Exhibit G:

Douglas County Coroner's Report:
Leslie 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 #: 99-149

Deceased: Leslie Gonzales
Date of Death: June 23, 1999

The subject was found in the right front seat of the cab 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, Leslie

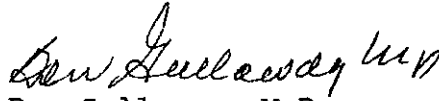
Dr. Galloway

FINAL ANATOMIC DIAGNOSES:

1. Through and through large calibre gunshot wound involving the posterior left lateral aspect of the head associated with:
 - A. Skull fractures
 - B. Laceration, brain
 - C. Subdural hemorrhage
 - D. Intraventricular hemorrhage

2. Through and through large calibre gunshot wound involving the left lateral chest wall associated with:
 - A. Lacerations, lungs
 - B. Laceration, aorta
 - C. Chip fracture, 9th thoracic vertebra
 - D. Graze wound medial aspect right upper arm

COMMENT: The autopsy findings in this case reveal that the cause of death is due to head injury secondary to a through and through large calibre gunshot wound involving the posterior lateral aspect of the head.


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 7:30 a.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, Colorado Bureau of Investigation, and the 18th Judicial District Incident Investigative Team attended the autopsy. I am assisted in the autopsy by Mr. Rob Kulbacki.

HISTORY: This is the case of a 7-year-old Hispanic female who was discovered dead in the right front passenger seat of a pickup truck in front of the Castle Rock Police Station on the early morning of 06/22/99. The decedent is the apparent victim of a gunshot wound. The decedent was pronounced dead at the scene. No other history is available at the time of autopsy.

EXTERNAL EXAMINATION: The body is clothed in a cut-off bib pants; white panties; multi-colored tank top; white socks; and white tennis shoes. This is the unembalmed, well-developed, well-nourished body of an Hispanic female child appearing consistent with the stated age of 7 years old. Height is measured at 44"; weight is estimated at 35 pounds. Rigor is present and broken 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, which measures 8" in length at the apex. Present on the posterior left side of the head, in the horizontal plane of the left ear, 1-1/2" behind the left ear, 43" above the heel of the left foot, is a circular, deeply penetrating, large calibre gunshot wound showing circumferential marginal abrasion. This measures 5/16" in diameter. For identification purposes, this wound will be referred to as wound "E". No other external trauma involves the head. Palpating the head reveals no instability or soft tissue swelling. Ears - the ears are slightly purple. Both earlobes are pierced. No injuries are observed. Eyes - the eyebrows are black. The right eye has been destroyed. Present in the upper medial aspect of the right orbit is a triangular configured exit type of gunshot wound showing no evidence of marginal abrasion or powder residue. The triangle is oriented in the horizontal plane, measures 1/2" at the base and 1" in height. This is associated with fractures of the right orbit. The eyebrows are black. The left sclera is white. The left iris is brown. The left pupil is round, measures 8 mm, and is directed anteriorly. The conjunctivae are pale. For identification purposes, the wound involving the right orbit is designated "A". Nose - the external surface of the nose is unremarkable. The nasal passages contain bloody fluid. The septum is in the midline. Mouth - the lips are reddish-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

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trauma. The neck organs are in the midline without palpable masses.

CHEST: The chest demonstrates a normal anterior-posterior diameter. Present on the left chest, 2-1/2" below the sternal notch, 5-1/2" lateral to the left of the mid-sternal line, 33-1/2" above the heel of the left foot, is a circular, deeply penetrating entrance type of gunshot wound, showing circumferential marginal abrasion, and is associated with powder stippling which extends 1-1/2" above the wound. This wound measures 5/16" in diameter. For identification purposes, this wound will be referred to as "B". Present on the right lateral chest, 2-1/2" below the sternal notch, 6" lateral to the right of the mid-sternal line, 33" above the heel of the right foot, is a 5/16" in diameter circular exit type of gunshot wound showing no evidence of marginal abrasion or powder residue. For identification purposes, this wound will be referred to as "C". No other external trauma involves the chest. The nipples are appropriate for this age child. 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 membrane and ring are intact. There is no evidence of any injuries to the lower vaginal vault.

BACK: The external surface of the back reveals no evidence of trauma. The anus is intact without any unusual dilatation or trauma. There are several pigmented nevi involving the right gluteal area and the posterior aspect of the right upper thigh.

EXTREMITIES: The upper extremities are intact. The nails are moderate length and slightly dirty. There is blood staining to the hands. Cardiac electrode pads are present on the lateral surfaces of both hands. The forearms are unremarkable. The antecubital fossae reveal no evidence of recent needle puncture marks or scars. The upper arms - there is a graze gunshot wound involving the medial aspect of the right upper arm. This appears to represent a continuation of the bullet that passed through the chest wall and then grazed this aspect of the right upper arm. Superiorly, there is a circular perforation, measuring 5/16" in diameter, and has an irregular marginal abrasion, and then extending lateral and downward is a rectangular configured superficial laceration with minimal marginal abrasion measuring 1/2" in length by 5/16" in width. For identification purposes, this wound will be referred to as "D". The lower extremities are intact without evidence of congenital abnormality or trauma. The soles of the feet are intact and unremarkable grossly. The toenails are covered by chipped red nail polish.

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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: Eighty (80) cc of blood is present in the left pleural space. No unusual accumulation of fluid is present in the right pleural space. There are circular perforations involving the lateral surfaces of both sides of the chest in the 7th interspace with chip fractures of the 6th rib. The clavicles are intact. The pericardial sac is intact. The lumen contains 5 cc of clear fluid. The pericardium is smooth, gray and glistening.

THYMUS: Ten (10) 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 90 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 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: There is a laceration involving the posterior margin of the descending portion of the thoracic aorta adjacent to the 9th thoracic vertebra. There is minimal hemorrhage in the adjacent mediastinum. Otherwise, the aorta is intact and structurally unremarkable. The main abdominal tributaries are intact.

RESPIRATORY SYSTEM: The lumen of the lower respiratory tract contains blood. The mucosal surface is tan and smooth.

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lungs are moderately well aerated. The pleural surfaces are pink, reddish-purple, smooth and glistening. There is hemorrhage surrounding circular wounds in the lower lobes of both lungs. The lungs together weigh 190 grams. Serial sections reveal soft, spongy, lung tissue showing vascular congestion, aspiration of blood, and early pulmonary edema. There is a wound tract involving the lower lobes of both lungs. 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 150 cc of thick, brown, liquid, gastric contents in which I can identify fragments of pickle, french fries, and hamburger. The mucosal surface is tan and wrinkled. The wall is thin. The small bowel demonstrates a normal anatomic distribution with normal gross features. The lumen contains abundant amounts of semi-liquid, tan fecal material. The mucosal surface is tan and wrinkled. The appendix is present and unremarkable grossly. The large bowel demonstrates a normal anatomic distribution. The lumen contains abundant amounts of well-formed, soft, greenish-brown fecal material. The mucosal surface is tan and wrinkled.

SPLEEN: The spleen is intact and weighs 40 grams. The external surface is purple and smooth. Serial sections reveal a firm, reddish-purple, splenic parenchyma.

LIVER: The liver is intact and weighs 940 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 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 capsules strip easily. The kidneys together weigh 90 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 0.5 cc of clear yellow urine. The bladder mucosa is tan and wrinkled.

GENITALIA: The 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 for this age individual.

MUSCULOSKELETAL SYSTEM: As previously described, there are chip fractures of the lateral aspects of the 6th ribs on both sides of the chest. There is a chip fracture involving the 9th thoracic vertebra.

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 in the left posterior aspect of the scalp. Present in the left posterior aspect of the occipital bone is a circular, fully penetrating perforation which is beveled inward. Removal of a portion of the calvarium reveals no evidence of epidural hemorrhage. A small amount of subdural hemorrhage is present in the right temporal fossa. There are focal areas of subarachnoid hemorrhage on the undersurface of both cerebral hemispheres, posterior, and mid areas. The brain bulges from the cranial vault and shows prominent flattening of the external convolutions. The weight of the brain is 1210 grams. There is extensive injury to the brain stem involving the left cerebellar hemisphere, the pons, and the midbrain. There is injury to the posterior aspect of the Circle of Willis. Serial sectioning the cerebral cortex, the midbrain, the pons, the medulla, the spinal cord, the cerebellum and the pituitary reveals laceration and fragmentation of brain tissue involving the cerebellum, brain stem, pons, and the midbrain. There is a small amount of intraventricular hemorrhage posteriorly. Examination of the base of the skull reveals a circular area of fracture involving the clivus and the sella turcica, representing the exit region for the projectile that traveled across the base of the brain, with injury to the pituitary. Numerous fractures radiate from the circular perforation in the left occipital area into the left posterior fossa. C1 and C2 are intact. The odontoid ligament and odontoid processes are intact.

TRACE EVIDENCE: The following trace evidence is obtained at the time of autopsy and given to the Investigative Officers during and at the completion of the autopsy. The specimens include:

1. Random samples of scalp hair.
2. Samples of scalp hair adjacent to the entrance wound in the left occipital area.
3. Powder fragments from around the wound in the left occipital area.

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4. Oral, anal and vaginal swabs and smears.
5. One purple-stoppered test tube of blood obtained from the cranial vault and one yellow-stoppered test tube of blood obtained from the left chest cavity.

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 cavity.

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

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

Gastric Contents: I obtained one gray-stoppered test tube and one cup of gastric contents. These will be submitted for routine toxicologic evaluation.

WOUND SUMMARIES:

WOUND 1: The entrance wound here is designated "E" and is located just behind the left ear. The projectile penetrated the cranium in the left posterior occipital area, passed through brain stem, injuring the cerebellum, the pons, and midbrain, and exited the cranial vault through the clivus and sella turcica, injuring facial bones, and exiting the body in the medial aspect of the right orbit. The projectile traveled back to front, left to right, at an angle of approximately 30 degrees in the horizontal plane, pretty much straight across in the vertical plane.

WOUND 2: The entrance wound here is designated wound "B" associated with powder stippling. The projectile penetrated the left chest cavity through the 7th interspace, passed through the left lung, grazed the aorta and anterior surface of the 9th thoracic vertebra, passed through the right lung, and exited the body in the right chest wall through the 7th interspace, grazing the inner aspect of the right upper arm. The projectile traveled left to right slightly front to back at an angle of 5 degrees, and pretty much straight across in the vertical plane.

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GONZALES, Leslie

Dr. Galloway

MICROSCOPICS:

Sections of major organs confirm the gross autopsy findings and reveal no evidence of any unexpected underlying disease. Sections of entrance wounds "B" and "E" reveal no significant powder residue.

TOXICOLOGY:

Blood Alcohol Negative

Urine Drug Screen Negative

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