



REGIONAL FORENSIC SCIENCE CENTER

Timothy P. Rohrig, Ph.D. – Director
Timothy S. Gorrill, M.D., Ph.D. – District Coroner - Chief Medical Examiner

AUTOPSY REPORT

NAME: Finch, Andrew

CASE: 18-17-3271

ADDRESS: 1033 W. McCormick, Wichita, Kansas 67213

DATE: 12/29/2017

28 - year - old male

TIME: 0945 hours

PERSONS PRESENT AT AUTOPSY: Crime Scene Investigator Weller from the Wichita Police Department

Forensic Assistants: Devin Lasley and Paul Schauner

PATHOLOGIC DIAGNOSES

- I. Gunshot wound to the trunk
 - A. Entrance: Anterior chest
 - B. Path: Through the sternum, heart, aorta, and middle lobe of the right lung
 - C. Recovery: Small caliber yellow jacketed grey metal projectile from the subcutaneous tissue of the right mid back
 - D. Direction: Backward, right, and down
 - E. Range: Indeterminate

CAUSE OF DEATH: Gunshot wound to the trunk

MANNER: Homicide

Timothy Gorrill, M.D., Ph.D.
District Coroner-Chief Medical Examiner

Date signed

1/10/2018

CIRCUMSTANCES OF DEATH

The decedent was a 28 year old male with an unknown medical history. He reportedly was involved in a shooting the evening of 12/28/2017, and rescue personnel transported him to a local hospital. Therapeutic measures were unsuccessful, and death was pronounced at 1903 hours.

POSTMORTEM EXAMINATION

An autopsy is performed on the body of Andrew Finch at the Sedgwick County Regional Forensic Science Center, Wichita, Kansas on December 29th, 2017.

RADIOGRAPHY

Full body radiographs demonstrate the presence of medical therapy, clothing, a radiopaque presumed fragment projectile about the medial left mid chest, multiple minute fragments of projectile about the midline mid chest, a projectile in the right mid chest, multiple minute radiopaque fragments on the lateral right mid chest, and a radiopaque presumed fragment of projectile about the right elbow.

CLOTHING

The body is received clad accompanied by: see chain of custody documents. The clothing is partially cut away by emergency personnel, and is described below in the "Evidence of Injury" section.

EXTERNAL EXAMINATION

The body is received in an outer blue body bag secured with a padlock, and an inner white body bag secured with a red plastic lock. Body identification includes a yellow tag around the right ankle with the case number 18-17-3271 and the name "Finch, Andrew," and a white hospital band around the left ankle. The body is fingerprinted and photographed.

The body is that of a well-developed, well-nourished, adult male who weighs 305 pounds, is 75 inches in height and appears to be compatible with the stated age of 28 years.

The unembalmed body is cool to touch. Rigor mortis is well-developed in the extremities and the jaw. Unfixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair is stubbled and appears dark brown. The irides are brown. The corneas are translucent. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual. The teeth are in a good state of repair. The neck is unremarkable. The thorax is well-developed and symmetrical. A gunshot wound is present on the chest, and is

described below. The abdomen is obese. The anus and back are unremarkable. The genitalia are those of a normal adult male. The upper and lower extremities are well-developed and symmetrical, without absence of digits. Brown paper bags are present around the hands and wrists, secured with clear tape.

IDENTIFYING MARKS AND SCARS

A tattoo of the letters "XVII" is centered on the midline upper back. A designed tattoo is present on the back of the left hand. A tattoo of a cross and the name "Adrienne Finch" is present on the lateral proximal left upper extremity. A tattoo of the number "316" is present on the anteroinferior proximal right upper extremity. A tattoo of the letters "ATF" is present on the lateral proximal right upper extremity. A designed tattoo is present on the anterior distal left thigh. Tattoos are present on the medial proximal left leg, lateral mid left leg, and medial distal left leg. A faded tattoo is present on the anterior distal right thigh.

MEDICAL INTERVENTION

Evidence of medical intervention includes:

- an orally inserted airway
- a clear adhesive bandage on the right upper anterior chest
- a sutured thoracotomy incision across the anterior to lateral mid chest (coursing through the contents of the left 5th intercostal space, lower sternum, and contents of the right 4th intercostal space)
- electrocardiogram electrodes on the bilateral upper anterior chest
- a needle puncture in the radial flexor proximal right forearm
- and an intraosseous catheter entering the anterior proximal left leg.

EVIDENCE OF INJURY

Description of gunshot wound to the trunk

An entrance gunshot wound is centered on the medial left upper anterior chest, 1 ¾ inch from the midline, and 58 inches from the heel. The horizontally oriented oval skin defect, 5/8 x 7/8 inch, possesses a marginal abrasion from about 12:00 to 6:00, up to 1/8 inch in width.

After perforating skin and subcutaneous tissue, the projectile fracture-perforates the left border of the sternum at the level of the 3rd intercostal space. The projectile further perforates the anterior pericardium, anterior right ventricle, right atrium, right side of the ascending aorta, medial right middle lobe of lung, paraspinal contents of the right 8th intercostal space, and muscles of the medial right mid back.

A deformed yellow jacketed grey metal small caliber projectile is recovered imbedded in the subcutaneous tissue of the medial right mid back, deep to an oval purple contusion, $\frac{1}{2} \times \frac{3}{4}$ inch, centered $2 \frac{1}{2}$ inches from the midline, and 55 inches from the heel.

The direction of fire is backward, right, and down.

The range of fire is indeterminate.

An entrance defect due to a fragment of projectile is located above the left nipple, $3 \frac{3}{4}$ inches from the midline, 58 inches from the heel, and consists of a horizontally oriented oval laceration, $\frac{5}{8} \times \frac{3}{4}$ inch. A fragment of yellow metal jacket is recovered deep to the left pectoralis muscles.

An entrance defect due to a fragment of projectile is located on the medial right upper anterior chest, $\frac{3}{4}$ inch from the midline, and 58 inches from the heel. The horizontally oriented oval skin defect, $\frac{3}{8} \times \frac{3}{8}$ inch, possesses a marginal abrasion from 12:00 to 7:00, up to $\frac{1}{16}$ inch. A fragment of grey projectile is recovered from the anterior surface of the right lung. A horizontal band of multiple punctate abrasions is present between the above-described entrance gunshot wound and this wound, about $\frac{3}{4}$ inch in width.

Multiple scattered randomly oriented superficial lacerations are present across the upper anterior chest, ranging in size from punctate to $\frac{1}{4}$ inch in width. A small grey metal fragment is recovered from one of the lacerations on the right pectoral chest.

Two lacerations are located on the right upper extremity, one within the antecubital fossa and one on the anteromedial proximal right upper extremity, $\frac{5}{8}$ inches in length each. A grey metal fragment of metal is recovered within the soft tissues of the medial right upper extremity.

Description of clothing

Multiple articles of clothing are present on the body, including a grey hooded pullover sweatshirt and black T-shirt. See chain of custody documents for complete list of clothing. The grey sweatshirt and black T-shirt are blood soaked and possess multiple defects across the anterior chest area, consistent with injuries described above.

Description of blunt injuries

An oval superficial purple abrasion is centered in the posteromedial left parietal scalp, $1 \frac{1}{4} \times 1 \frac{1}{2}$ inch.

INTERNAL EXAMINATION**BODY CAVITIES**

Liquid blood is present in the pleural cavities, 200 mL on the left, 475 mL on the right. No adhesions are in any of the body cavities. All body organs are present in normal anatomic position. The subcutaneous fat layer of the abdominal wall is 5.0 cm thick.

HEAD (CENTRAL NERVOUS SYSTEM)

The brain weighs 1370 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are normal caliber. Sections through the brainstem and cerebellum are unremarkable. The spinal cord is not examined.

NECK

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. The tongue is normal.

CARDIOVASCULAR SYSTEM

The heart weighs 490 grams. Injury to the heart is described above. The pericardial surfaces are smooth and glistening. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution with a right dominant system, and are widely patent. The chambers and valves bear the usual size/position relationship and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable. The atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course, and shows mild atherosclerosis. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM

The right and left lungs weigh 350 and 310 grams, respectively. Injury to the right lung is described above. Liquid blood is present in the distal airways. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth and glistening. The pulmonary parenchyma is dark red-purple, with hemorrhage surrounding the path of projectile on the right, and hemorrhage in the anterior parenchyma bilaterally. The pulmonary arteries are normally developed and patent.

LIVER AND BILIARY SYSTEM

The liver weighs 2390 grams. The hepatic capsule is smooth, glistening, and intact. It covers red-brown parenchyma with no focal lesions noted. The gallbladder contains 20 mL of viscid bile. The extrahepatic biliary tree is patent without evidence of calculi.

ALIMENTARY TRACT

The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 250 mL of tan-yellow liquid. The small and large bowel are unremarkable. The appendix is present. The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

GENITOURINARY TRACT

The right and left kidneys weigh 170 and 190 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The cortex is sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains about 5 mL of cloudy yellow urine. The mucosa is gray-tan and smooth. The prostate and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM

The spleen weighs 290 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The splenic lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The bone marrow is red-purple and homogenous without evidence of focal abnormality.

ENDOCRINE SYSTEM

The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM

The bony framework, supporting musculature, and soft tissues are not unusual.

EVIDENCE

The following items are collected and preserved: see chain of custody documents.

TOXICOLOGY

Blood (Heart):

Ethanol – Negative

Urine:

Negative for Amphetamine, Barbiturates, Benzodiazepines, Benzoylcegonine, Cannabinoids, Codeine, Hydrocodone, Methadone, Methamphetamine, Morphine, and Phencyclidine [PCP].

OPINION

In my opinion Andrew Finch died as a result of a gunshot wound to the trunk.

The manner of death is homicide.

TSG



REGIONAL FORENSIC SCIENCE CENTER

Timothy P. Rohrig, PhD — Director
Timothy S. Gorrill, MD, PhD — Chief Medical Examiner

FORENSIC LABORATORY DIVISION TOXICOLOGY LABORATORY REPORT

NAME: FINCH, Andrew

TOXICOLOGY CASE NO: 18-0001

Submitted by: T. Gorrill, MD

Agency Case No: 18-17-3271

Date Received: 03 Jan 18

SPECIMENS SUBMITTED

Blood, Vitreous, Urine, Liver, Brain, Gastric Contents

RESULTS

Blood (Heart):

Ethanol – Negative

Urine:

Negative for Amphetamine, Barbiturates, Benzodiazepines, Benzoylcegonine, Cannabinoids, Codeine, Hydrocodone, Methadone, Methamphetamine, Morphine, and Phencyclidine [PCP].

Results Certified by:



Timothy P. Rohrig, PhD, F-ABFT
Director and Chief Toxicologist

Date: 8 Jan 18

All specimens will be retained according to RFSC specimen retention policy.
This report shall not be reproduced except in full, without the written approval of the laboratory.

An ASCLD/LAB-International Accredited Laboratory

1109 N. Minneapolis • Wichita, Kansas 67214-3129 • Telephone (316) 660-4800 • Fax (316) 383-4535