


AARON CAMPBELL
MULTNOMAH COUNTY
10-0150

AUTOPSY PERFORMED:

BY: Christopher Ray Young, M.D. 
ON: Sunday, January 30, 2010 – 9:45 a.m.
AT: 13309 SE 84th Ave, Suite 100, Clackamas, Oregon 97015

ALSO PRESENT: Officer Paul Meyer, Commander Mike Crebs, Detective Erik Kammerer and Detective Mark Slater of the Portland Police Bureau, and Deputy District Attorney Don Rees of the Multnomah County District Attorney's Office.

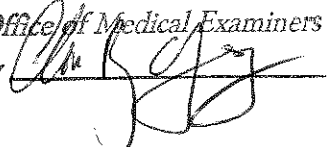
CAUSE OF DEATH: GUNSHOT WOUND OF THE BACK

MANNER OF DEATH: HOMICIDE

FINDINGS:

- I. GUNSHOT WOUND OF THE BACK:
 - A. Entrance: Lower mid back.
 - B. Injury: Perforation of the back, psoas muscle, vena cava, right renal artery, liver, fifth intercostal space and penetration of the anterior chest musculature. Associated injury includes right kidney lacerations, fracture of the right transverse processes of the upper lumbar vertebrae and large subdural and epidural hemorrhage along the full length of the spinal column. Associated injury also includes subarachnoid brain hemorrhage and a 1400 mL hemoperitoneum.
 - C. Recovery: A deformed, small-caliber, copper jacket is recovered from the fifth intercostal space. A deformed, mushroomed, small-caliber bullet is recovered from the musculature of the anterior chest. Additional small fragments of white metal and copper jacket are recovered along the wound path.
 - D. Trajectory: Back to front and slightly upward with no significant lateral deviation.
 - E. Apparent Range of Fire: Indeterminate, without soot or stippling on the surrounding skin.

- II. MULTIPLE ABRASIONS ON THE LEGS.

A TRUE COPY
Office of Medical Examiners
by 

- III. RESTRAINT CONTUSIONS ON THE WRISTS.
- IV. MULTIPLE ABRASIONS ON THE LEFT ARM.
- V. SMALL ABRASIONS ON THE FACE.
- VI. MODERATE ATHEROSCLEROTIC CORONARY ARTERY DISEASE.

HISTORY: The decedent was shot by another person.

CONCLUSION: Based upon the autopsy findings and history, it is my opinion that Aaron Campbell, a 25-year-old black man, died as a result of a gunshot wound of the back.

ORGAN WEIGHTS:

Brain: 1400 g	R. Lung: 420 g	R. Kidney: 130 g
Heart: 390 g	L. Lung: 350 g	L. Kidney: 120 g
Liver: 1390 g	Spleen: 80 g	

EXTERNAL EXAMINATION:

The body is identified by tags. Photographs and x-rays are taken. The body is received fully clothed and with the hands handcuffed behind the back. Received separately with the body is a matching pair of black fabric full-fingered gloves. Present on the body is a black zippered sweatshirt with gold prints of eagles in flight. Within the left pocket of the sweatshirt is a set of keys attached to a gold braided cord. Attached to the set of keys is a white-metal whistle. Also in the pocket are two quarters and four pennies, U.S. currency, and a crumbled purple tablet or candy. Beneath the sweatshirt is a white short-sleeve T-shirt with an elaborate print, including images of a skull, money, naked women and "G-Unit." On the backside of the shirt, on the mid back, and just left of midline, is a 1/8-inch, roughly circular defect with surrounding black discoloration. A small amount of dried blood is present on the back of the shirt. A corresponding small, barely discernible defect is on the posterior aspect of the sweatshirt. Blue denim jeans are pulled down to the level of the knees and are secured with a black

leather belt with a white-metal buckle. Attached to the right front belt loop is a large, white-metal safety pin. Attached to the safety pin is a yellow-metal ring with numerous clear colorless stones and a flat black stone setting. Also attached to the safety pin is a white-metal ring. A key ring is also attached to the safety pin, which is attached to a red and black nylon band reading "wellsfargo.com backstage." Attached to this band is a carabiner which is attached to an extremely large collection of credit cards, ID cards and papers. The cards and papers are secured by numerous multicolored hair bands and rubber bands. Attached to the left side of the belt is a Samsung telephone. The pants and belt are appropriately fastened, with the exception of the upper pant button, which is undone. Worn around the pelvis are black and gray nylon Nike athletic shorts. Beneath the shorts is a pair of gray and maroon plaid men's boxers. On the feet are maroon and white leather Nike lace-up tennis shoes and a pair of white ankle-high athletic socks. In the left front pocket of the pants is a Bank of America business card. In the left ear is a stud-type earring made of yellow-metal. The earring is in the shape of an eagle in flight. No additional personal effects or jewelry are present at the time of examination. The personal effects and jewelry are submitted to investigating officers.

The body is that of a well-developed, well-nourished adult black man of husky build. The body weighs 190 pounds and is 70 inches long. The body is cool secondary to refrigeration, rigor is complete, and lividity is faint, posterior and blanching. Preservation is good in the absence of embalming.

The scalp hair appears to be several inches long and is dark brown to black with tight curls. The hair is braided into rows, which are secured on the posterior aspect of the head by black rubber bands. Plant debris is present on the face and intermixed in the hair, and fine brown dirt is on the left side of the forehead. The irides are brown. Erythematous Tache' noir involves the sclerae. There are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose and lips are normally formed. A small amount of clear mucoid purge is present in the nose. The mouth contains white frothy foam. The left earlobe is cosmetically pierced one time. There are no fluid collections in either external auditory canal. The dentition is natural and in good repair. There are no injuries to the gingivae, tongue or lips. Brown stubble covers the cheeks and underside of the chin. A patch of hair is present on the chin and a trimmed mustache is above the mouth. The trachea is palpable in the midline and the neck is free of external evidence of injury. The chest and breasts are symmetrical and hirsute. The abdomen is soft and flat. The upper extremities are normally developed and symmetrical. Dry blood is on the right hand but the hand is uninjured. There are no needle puncture marks in either antecubital fossa but ill-defined scarring is in both antecubital fossae. The fingernails are trimmed flush with the tips of the fingers. The external genitalia, anus and perineum are uninjured. The penis is circumcised, the testicles are bilaterally descended into the scrotum and the

pubic hair pattern is appropriate for age and sex. The lower extremities are normally developed and symmetrical. The toenails extend up to 1/8 inch beyond the tips of the toes. The soles of the feet are uninjured. The back has injuries to be described below.

IDENTIFYING MARKS AND SCARS:

A collection of horizontally and obliquely oriented, up to 8-inch long, hyperpigmented scars are on the left upper back. A 1-1/2 inch, obliquely oriented scar is on the flexor surface of the left wrist. A 1-1/2 inch, vertically oriented, hyperpigmented scar is on the dorsal surface of the right hand at the base of the middle finger. Three horizontally oriented, 3/8- to 1/2-inch scars are on the left supraorbital ridge and eyelid.

EVIDENCE OF MEDICAL THERAPY:

EKG pads are on the upper torso and on lower quadrants of the abdomen.

EVIDENCE OF INJURY:

GUNSHOT WOUND OF THE BACK:

- A. Entrance: On the lower mid back, centered 45-1/2 inches above the base of the right heel and 1 inch right of midline, is a 1/8-inch, circular gunshot wound of entrance. A 1/16-inch wide marginal abrasion and subtle micro tears surround the defect. No soot or stippling are on the surrounding skin.
- B. Injury: After perforating the skin and subcutaneous tissues of the right back, the bullet perforates the right psoas muscle, the vena cava, the right renal artery, the left lobe of the liver, the right hemidiaphragm and the fifth intercostal space. The bullet then penetrates the musculature of the anterior chest wall. The defect through the psoas muscle has a 2-1/2 inch diameter and the vena cava has numerous defects. The right sixth rib is focally fractured near the sternocostal junction. Abundant intercostal muscle hemorrhage is along the right aspect of the posterior chest wall. The spinal cord is removed from the anterior approach. The spinal cord and the dura are intact, without penetration or perforation of the spinal canal; however, large epidural and subdural hemorrhage involves the full length of the spinal cord. Sections through the spinal cord reveal intraparenchymal contusion near the conus medullaris. Associated injury includes abundant subarachnoid hemorrhage over the cerebral convexities and the base of the brain and a small amount of blood within the lateral ventricles. Associated injury also includes fractures of the right transverse processes of the upper lumbar vertebrae and fracture of the right 12th rib. Additionally,

the right kidney has numerous tears near the hilum. The abdomen contains 1400 mL of blood.

- C. Recovery: A distorted copper jacket from a small-caliber bullet is recovered from the musculature of the anterior chest wall. The portion of copper jacket has a circular base. Recovered from the overlying musculature of the anterior chest wall is a 1/8-inch portion of flattened white metal and a mushroomed, white-metal portion of small-caliber bullet with a circular base. Additional small portions of white metal and copper jacket are recovered along the bullet track.
- D. Trajectory: The trajectory of the gunshot wound is back to front and slightly upward with no significant lateral deviation.

ADDITIONAL EVIDENCE OF INJURY:

1. An extremely superficial and faint, 1/4-inch, dry, red-brown abrasion with surrounding linear erythema is vertically oriented on the left side of the mid back.
2. On the posterior aspect of the right lower leg, extending from the popliteal fossa to 8-1/2 inches below the popliteal fossa, is a collection of predominately horizontally oriented, dry, red abrasions. The longest abrasion is 3 inches in length and has a maximum width of 1/8 inch. The remaining abrasions are somewhat irregular, either linear or oval in size, and up to 1/4 inch in greatest dimension.
3. On the medial aspect of the right lower leg, from the knee to 8 inches below the knee, is a collection of horizontally oriented, dry, red abrasions, averaging approximately 1-1/2 to 2 inches in length. The abrasions have rounded anterior margins and tapering posterior margins. The most inferior defect consists of a 1-1/2 inch, oval puncture defect with a depth of 1/2 inch.
4. On the posterior aspect of the left leg, centered 2 inches above the popliteal fossa, is a 1-3/4 inch, oval area of dry, red, superficial abrasion.
5. Depressions in the skin around the wrists have subtle purple contusion which corresponds to the previously described handcuffs. A superficial 1/8-inch abrasion is on the metacarpal phalangeal knuckle of the left index finger. A 1/4-inch, superficial abrasion with a skin flap is on the palmar surface of the left hand. A 1/4-inch, horizontal collection of subcutaneous blood is also on the palm of the left hand.
6. On the extensor surface of the left mid forearm is a horizontally oriented, 2-inch, discontinuous, dry, red abrasion.
7. On the left elbow are two superficial, roughly oval abrasions with 3/8 inch and 1/4 inch diameters.
8. A 3/4-inch, dry, red abrasion is on the left side of the forehead just above the left eyebrow. The left supraorbital ridge is swollen. A 3/4-

inch, superficial, brush-burn-type abrasion is on the forehead just left of midline. An extremely superficial, 1/8-inch abrasion is on the right upper forehead near the hairline.

INTERNAL EXAMINATION:

BODY CAVITIES: See previously described injuries. The thoracic and abdominal organs are in their normal anatomic positions. The right lung has focal pleural adhesions.

HEAD: See previously described injuries. The subscalpular area and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural or subdural hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem and cerebellum are unremarkable. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain a small amount of blood.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of atherosclerosis. The aorta and its major branches and the great veins are normally distributed. The pericardium, epicardium and endocardium are smooth, glistening and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is right dominant with a single focus of 40% stenosis involving the proximal third of the left anterior descending coronary artery. The atrial and ventricular septae are intact. The cardiac valves are unremarkable. The myocardium is red-brown and firm, and there are no focal abnormalities.

RESPIRATORY SYSTEM: The upper airway and larynx are lined by froth. The laryngeal mucosa is free of petechiae. The pleural surfaces, with the exception of the posterior aspect of the right lung, are smooth and shiny. The right lung has pleural adhesions. The pulmonary arteries contain no emboli. The major bronchi are lined by a small amount of white froth. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBIILIARY SYSTEM: See previously described injuries. The uninjured areas of the liver have a smooth, glistening capsule. The uninjured areas of

parenchyma are tan and minimally congested. The gallbladder contains no calculi.

DIGESTIVE SYSTEM: The esophageal mucosa is gray, smooth and unremarkable. The stomach is lined by a film of tan fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds and there are no ulcers. The small intestines are unremarkable. The large intestines have surrounding hemorrhage in the vicinity of the cecum; however, there are no perforating or penetrating injuries. The appendix is present. The pancreas is unremarkable externally and on sectioning.

GENITOURINARY SYSTEM: See previously described injuries. The renal subcapsular surfaces are smooth and slightly lobulated. The cortices are of normal thickness. The calyces, pelves and ureters are unremarkable. The urinary bladder contains approximately 50 mL of clear yellow urine.

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

RETICULOENDOTHELIAL SYSTEM: The spleen is covered by a smooth, blue-gray intact capsule. The parenchyma is unremarkable. The lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: See previously described injuries. The clavicles, sternum and pelvis have no fractures.

MICROSCOPIC EXAMINATION:
None submitted.

CY:sa