



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Office of the Medical Examiner
Autopsy Report



Case: IFS-12-12113 - ME

Decedent: Harper, James Germon 31 years Black Male DOB: 03/06/1981

Date of Death: 07/24/2012 (Actual)

Time of Death: 05:00 PM (Estimated)

Examination Performed: 07/25/2012 07:30 AM

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

ORGAN WEIGHTS:

Brain: 1,360 g	Right Lung 490 g	Right Kidney: 140 g
Heart: 420 g	Left Lung: 300 g	Left Kidney: 130 g
Liver: 1,350 g	Spleen: 100 g	

EXTERNAL EXAMINATION

The body is photographed, fingerprinted, palmprinted, x-rayed and tagged. When first viewed, the hands are bagged.

The body is received wearing a white tank top, blue shorts, blue boxer shorts, white socks, and athletic shoes. The tank top has bullet defects. There are no personal effects or jewelry. Dirt and dry grass are adherent to the body.

The body is that of a well-developed, well-nourished black man whose appearance is compatible with the stated age of 31 years. The body weighs 273 pounds and is 72 inches long. The body is cool, rigor is fully-developed and the posterior lividity is fixed. The body is externally well-preserved and is not embalmed. Numerous ants are present on the body. There is cutaneous postmortem insect activity, with numerous, coalescing, punctate parchment-like abrasions on the right side of the chest, the center of the chest, the left and right sides of the abdomen, the left and right flanks, the lateral left hip, the left side of the back, the posterior right wrist, the medial left thigh, and the posterior right thigh.

The scalp hair is dark brown and curly. It measures 2 inches in length at the top of the scalp and is shaved on the sides. There is facial stubble. The irides are brown and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The nose and lips are unremarkable. The teeth are natural and in good condition. The neck is unremarkable. The chest and breasts are symmetrical. The abdomen is protuberant with numerous striae. The external genitalia, anus and perineum are unremarkable. The penis is circumcised and the testicles are descended into the scrotum. The extremities are well-developed and symmetrical. The back and buttocks are otherwise unremarkable.

EVIDENCE OF THERAPY

None.



Accredited by The National Association of Medical Examiners



IDENTIFYING MARKS AND SCARS

Tattoos are on the left and right arms, the left and right forearms, and the left and right hands. There is patchy hyperpigmentation of the right side of the chest. The umbilicus has a semicircular scar. The posterior right thigh has an ovoid scar. The lateral left thigh has a circular scar. Irregular scars are scattered over the anterior left leg.

EVIDENCE OF INJURY

GUNSHOT WOUNDS:

The gunshot wounds are numbered arbitrarily without regards to sequence or severity of injury.

Gunshot wound of left side of chest (Gunshot wound #1):

There is a gunshot wound of entrance of the left side of the chest, located 14-3/4 inches below the top of the head and 3-1/2 inches to the left of the anterior midline of the chest. The entrance wound is circular, measures 3/8 inch in diameter, and is surrounded by a 1/16 inch marginal abrasion. Gunpowder stippling partially encircles the wound clockwise from 12 to 6 o'clock, with a distinct vertical line of demarcation corresponding to the tank top. The stippling extends 2-1/2 inches from the 12 o'clock margin, 4-1/2 inches from the 1 o'clock margin, 3 inches from the 3 o'clock margin, and 1-1/2 inches from the 6 o'clock margin. There is no soot.

After perforating the skin and subcutaneous tissue, the bullet courses through the musculature of the left side of the chest before fracturing the costochondral cartilage of the left sixth and seventh ribs, perforating the omentum and the small intestine (three times), and penetrating the lateral right abdominal wall.

A medium-caliber, copper-jacketed, moderately-deformed bullet and a lead fragment are recovered from the subcutaneous tissue of the lateral right abdominal wall. The base of the bullet is inscribed "12-12113" over "JU" over "1". The bullet and lead fragment are photographed, sealed in an appropriately-labeled envelope and submitted to the Criminal Investigation Laboratory.

Associated with this wound, the wound track is hemorrhagic.

The directions of the bullet are downward, left to right, and front to back.

Gunshot wound of lateral left side of abdomen (Gunshot wound #2):

There is a gunshot wound of entrance of the lateral left side of the abdomen, located 26 inches below the top of the head and 2 inches anterior to the left midaxillary line. The entrance wound is a slightly irregular circle. It measures 1/2 inch in maximum dimension and has a ragged, circumferential 1/16 inch marginal abrasion with irregular tears extending up to 1/8 inch from the wound edge. There is no firearm residue.

After perforating the skin, the bullet penetrates the subcutaneous fat and musculature of the lateral left abdominal wall, where a medium-caliber, deformed lead core and multiple copper and lead fragments are recovered following incision into the left flank. The base of the core is inscribed "12-12113" over "JU" over "2". The core and fragments are photographed, sealed in an appropriately-labeled envelope and submitted to the Criminal Investigation Laboratory.





Associated with this wound, there is minimal hemorrhage of the wound track.

The directions of the bullet are slightly downward, slightly back to front and slightly left to right.

Given the relatively atypical appearance of the entrance wound and its proximity to the partial exit wound of gunshot wound #4, this wound is likely a re-entrance of gunshot wound #4.

Gunshot wound of lateral right side of abdomen (Gunshot wound #3):

There is a gunshot wound of entrance of the lateral right side of the abdomen, located 27 inches below the top of the head and 3 inches anterior to the right midaxillary line. The entrance wound is circular, measures 3/8 inch in diameter, and is surrounded by a slightly irregular circumferential 1/16 inch marginal abrasion, as well as a faint contusion. There is no firearm residue.

After perforating the skin and subcutaneous tissue, the bullet perforates the right abdominal wall, the large intestine, the proximal duodenum, the fundus of the stomach, the left hemidiaphragm, the pericardial sac, the lateral left ventricular free wall of the heart, the pericardial sac (again), and the upper lobe of the left lung.

A medium-caliber, copper-jacketed, moderately-deformed bullet and additional lead fragments are recovered free within the left hemithorax. The base of the bullet is inscribed "12-12113" over "JU" over "3". The bullet and fragments are photographed, sealed in an appropriately-labeled envelope and submitted to the Criminal Investigation Laboratory.

Associated with this wound, the left pleural cavity contains 2150 mL of liquid and clotted blood and the pericardial sac contains 20 mL of liquid blood. Stomach contents and fecal matter are free within the peritoneal cavity.

The directions of the bullet are upward and right to left with no significant front or back deviation.

Gunshot wound of left elbow (Gunshot wound #4):

There is a gunshot wound of entrance of the left elbow, located 23 inches below the top of the head and 1/2 inch lateral to the posterior midline of the left elbow. The entrance wound is circular, measures 1/4 inch in diameter, and is surrounded by a circumferential 1/16 inch marginal abrasion. There is no firearm residue.

After perforating the skin and subcutaneous tissue, the bullet fractures the bones of the left elbow. Multiple lead and copper jacket fragments are embedded within the elbow joint. In addition, there is a gunshot wound of partial exit of the superomedial left forearm, located 24-1/2 inches below the top of the head and 1/2 inch anterior to the medial midline of the left forearm. The exit wound is roughly circular with irregular, ragged margins and edges which reapproximate. The wound measures 3/4 inch in maximum dimension and is free of firearm residue.

Associated with this wound, the wound track is hemorrhagic.

The directions of the bullet are back to front, downward, and left to right.

Given the proximity of the partial exit wound of gunshot wound #4 to the entrance of gunshot wound #2, as well as the



wound characteristics of gunshot wound #2, gunshot wound #2 is a likely re-entry of gunshot wound #4.

BLUNT FORCE INJURIES:

The pinna of the right ear has a horizontal, 3/4 inch, full-thickness laceration with corresponding fracture of the underlying cartilage. Small abrasions are on the superior-most pinna. The right cheek, anterior to the right ear, has a 3/4 inch purple contusion. The left side of the forehead has a 1/4 inch purple contusion. The left cheek has a 2 inch, horizontal linear abrasion with sharp margins which also has features of a superficial incised wound.

Scattered punctate abrasions are on the left side of the lower chest. The posterior right shoulder has a 1-1/2 inch abrasion.

The lateral right arm has an oblique, linear 3/4 inch abrasion. Scattered, fine linear abrasions are on the right arm. The medial right arm has several obliquely-oriented, linear, parallel abrasions which measure up to 1-1/2 inch in length. The anterior left arm has scattered, up to 1/8 inch abrasions. The posterior left arm has an aggregate of obliquely-oriented, parallel abrasions which measure up to 1/2 inch in length, as well as intersecting 2 inch linear abrasions. Irregular, up to 1 inch abrasions, are scattered over the posterior left forearm. The posterior left pinkie finger has a 1/8 inch abrasion. The palmar surface of the right hand has six ovoid to linear abrasions, measuring up to 1 inch in maximum dimension, with undermining of the epithelium. Scattered fine linear abrasions are on the anterior and lateral right thigh. The medial distal right thigh has a 1/2 inch abrasion. The right knee has a 1 inch abrasion. Fine, linear vertical abrasions, measuring up to 2 inches in length, are on the anterior right leg and right ankle. A 1-1/2 inch long oblique linear abrasion is on the lateral right ankle. Fine, linear abrasions are on the left ankle.

By internal examination, there is a 1 inch focus of left frontal subscalpular hemorrhage as well as hemorrhage within the right temporalis muscle. The superior-most right sternocleidomastoid muscle has scant fascial hemorrhage.

OTHER FINDINGS:

The medial and lateral surfaces of the wrists are incised, revealing no subcutaneous hemorrhage. The testicles are unremarkable externally and on sectioning. The soles of the feet are unremarkable.

INTERNAL EXAMINATION

BODY CAVITIES: See previous description. The abdominal viscera are involved by very early changes of decomposition with dusky discoloration. The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions. Surgical suture is present in the subcutaneous tissue adjacent to the umbilicus.

HEAD: See previous description. The skull is unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid 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 no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: See previous description. The soft tissues and prevertebral fascia are otherwise unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.



CARDIOVASCULAR SYSTEM: See previous description. There is minimal atherosclerosis of the abdominal aorta, with a single focus of intimal calcification within the thoracic arch. The aorta, its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth and glistening. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm.

RESPIRATORY SYSTEM: See previous description. The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 5 mL of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: See previous description. The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 100 mL of partially-digested food. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelvis, and ureters are unremarkable. The urinary bladder contains approximately 30 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and upon sectioning.

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

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: See previous description. The clavicles, sternum, pelvis, and vertebral column have no fractures.

TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 009: Biohazard Bag
- 009-001: Blood, femoral - gray top tube
- 009-002: Blood, femoral - gray top tube
- 009-003: Blood, femoral - gray top tube
- 009-004: Blood, femoral - gray top tube
- 009-005: Blood, femoral - red top tube
- 009-006: Urine - red top tube
- 009-007: Vitreous - red top tube
- 010: Skeletal muscle - plastic tube



IFS-12-12113

Harper, James Germon



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Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (009-001)

Alcohols/Acetone (GC)
negative (009-002)

Alkaline Quantitation (GC, GC/MS)
negative (009-001)

Vitreous

Alcohols/Acetone (GC)
negative (009-007)



**FINDINGS:**

1. Gunshot wounds:

a. Gunshot wound of left side of chest (Gunshot wound #1):

- 1) Entrance: left side of chest.
- 2) Path: perforation of skin, subcutaneous tissue and musculature of chest, fracture of costochondral cartilage of left sixth and seventh ribs, perforation of small intestine, and penetration of lateral right side of abdominal wall.
- 3) Recovery: medium-caliber bullet recovered from subcutaneous tissue of lateral right abdominal wall.
- 4) Direction: downward, left to right, and front to back.
- 5) Range of fire: gunpowder stippling on skin.

b. Gunshot wound of lateral left side of abdomen (Gunshot wound #2):

- 1) Entrance: lateral left side of abdomen.
- 2) Path: perforation of skin and penetration of subcutaneous tissue of lateral left abdominal wall..
- 3) Recovery: medium-caliber, deformed lead core and multiple copper and lead fragments recovered from subcutaneous tissue of lateral left side of abdomen.
- 4) Direction: slightly downward, slightly back to front and slightly left to right.
- 5) Range of fire: no firearm residue on skin.
- 6) Associated wound: gunshot wound #2 is consistent with a re-entrance wound of gunshot wound #4.

c. Gunshot wound of lateral right side of abdomen (Gunshot wound #3):

- 1) Entrance: lateral right side of abdomen.
- 2) Path: perforation of skin, subcutaneous tissue, abdominal wall, large intestine, duodenum, stomach, left hemidiaphragm, pericardial sac, heart and upper lobe of left lung, with 2150 mL hemothorax and 20 mL hemopericardium.
- 3) Recovery: medium-caliber bullet recovered within left hemithorax.
- 4) Direction: upward and right to left.
- 5) Range of fire: no firearm residue on skin.

d. Gunshot wound of posterior left elbow (Gunshot wound #4):

- 1) Entrance: posterior left elbow.
- 2) Path: perforation of skin, penetration of soft tissue of proximal left forearm and fracture of elbow.
- 3) Recovery/partial exit: lead and copper fragments recovered from left elbow and partial exit wound of superomedial left forearm.
- 4) Direction: back to front, downward, and left to right.
- 5) Range of fire: no firearm residue on skin.
- 6) Associated wound: gunshot wound #2 is consistent with a re-entrance wound of gunshot wound #4.

2. Cutaneous abrasions and contusion and laceration of right ear.





3. By history, the deceased was shot during an altercation with police.

CONCLUSIONS:

It is our opinion that James Germon Harper, a 31-year-old black man, died as a result of gunshot wounds.

MANNER OF DEATH: Homicide

A handwritten signature in black ink, appearing to read 'Jill Urban'.

07/26/2012

Jill Urban, M.D.

Medical Examiner

A handwritten signature in black ink, appearing to read 'Stephanie Burton'.

07/27/2012

Stephanie Burton, M.D.

Medical Examiner

A handwritten signature in black ink, appearing to read 'Tracy Dyer'.

07/26/2012

Tracy Dyer, M.D., J.D.

Medical Examiner

A handwritten signature in black ink, appearing to read 'Chester Gwin'.

07/31/2012

Chester Gwin, M.D.

Medical Examiner

A handwritten signature in black ink, appearing to read 'William McClain'.


07/27/2012

William McClain, M.D.

Medical Examiner



COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES



07/26/2012

Keith Pinckard, M.D., Ph.D.
Medical Examiner




07/30/2012

Reade Quinton, M.D.
Medical Examiner



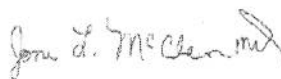
07/27/2012

Lynn Salzberger, M.D.
Medical Examiner



07/27/2012

Janis Townsend-Parchman, M.D.
Medical Examiner



07/27/2012

Joni L McClain, M.D.
Deputy Chief Medical Examiner



07/30/2012

Jeffrey Barnard, M.D.
Director and Chief Medical Examiner

