



City and County of Denver

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AUTOPSY REPORT

Name of deceased: DARRENT WILLIAMS **ME#:** 2007-0002

Place of residence: 9363 AMISON CIRCLE **Age:** 23 YEARS
PARKER, COLORADO

Place of death: DENVER HEALTH MEDICAL CENTER **Sex:** MALE
DENVER, COLORADO 80204

Date and time of death: JANUARY 1, 2007; 0235 HOURS

Date and time of autopsy: JANUARY 1, 2007; 1000 HOURS

CAUSE OF DEATH: PERFORATING GUNSHOT WOUND OF NECK

MANNER OF DEATH: HOMICIDE

AUTOPSY FINDINGS:

- I. Perforating gunshot wound of neck.
 - A. Entrance wound: Left neck. Gaping atypical entrance defect.
 - B. Exit wound: Right neck. Lacerated defect, contains bullet jacket.
 - C. Bullet: Medium- to large-caliber jacket recovered at exit defect (bullet core exits body).
 - D. Direction: The direction of the bullet is from left to right and slightly rearward.
 - E. Path: The bullet perforates the neck.

- II. Biventricular hypertrophy; 0.5 and 1.6 cm, right and left ventricles, respectively.

AUTOPSY REPORT

-2-

DARRENT WILLIAMS 2007-0002-08

- III. Aspiration and swallowing of blood.
- IV. Muscular habitus.
- V. Evidence of medical therapy.
- VI. No other significant natural disease.
- VII. No other trauma.

OPINION: According to the Investigator's Report and police present for the autopsy, the decedent is a 23-year-old black male professional football player who was a passenger in a motor vehicle which received gunfire from another passing motor vehicle. The decedent was transported to the hospital and pronounced expired.

Autopsy shows a perforating gunshot wound of the neck causing rapid death. Autopsy also shows aspiration and swallowing of blood, evidence of medical therapy, and no other significant natural disease or other trauma on the body. Toxicology shows a 0.051% blood ethanol level. Histology shows, see report. The cause of death is perforating gunshot wound of neck. From the scene investigation, autopsy examination, and circumstances around the death as currently known, the manner of death is classified as homicide.



ROBERT E. WHITMORE, M.D.
Chief Medical Examiner

Date signed:

1/29/07

AUTOPSY REPORT

-3-

DARRENT WILLIAMS 2007-0002-08

WITNESSES: I am assisted by Forensic Autopsy Assistant Guy Guinn. Also present for the autopsy are representatives from the Denver Police Department: Jamie Castro, Frank Harrington, and Sergeant Kevin Frazer.

WITNESSING PATHOLOGIST:

None.

IDENTIFICATION: The body is received in an unsealed black plastic pouch. The body is identified by a yellow name tag on the left ankle which states the decedent's name "DARRENT WILLIAMS" and the date "1-1-07." There is also a white hospital wrist tag on the left wrist which states the decedent's name "WILLIAMS, DARRENT."

CLOTHING: No clothing is on nor accompanies the body at the time of examination.

Both hands are covered with brown paper bags. These are removed and are submitted to police representatives.

EVIDENCE OF MEDICAL THERAPY: Evidence of medical therapy consists of the following:

1. There are gauze sponges taped over both orbits.
2. There is an endotracheal tube in the mouth.
3. There is a band-aid on the superior left shoulder.
4. There are EKG pads on the bilateral upper anterior chest and left lateral chest.
5. There is a left antecubital needle in place with no attached line.
6. There are two band-aids on the right knee.
7. There is an intraosseous needle in the anteromedial proximal left lower leg with attached line.

EXTERNAL EXAMINATION

GENERAL: The body is that of a normally developed, well-nourished, and muscular black male appearing consistent with the listed age of 23 years. The length is 69 inches, and the weight is 165 pounds as received. The body is well preserved, refrigerated, and unembalmed. Rigor mortis is present and full. Postmortem lividity is mild, posterior, and unfixed. For scars, see individual body areas below. There are multiple tattoos, primarily on the arms.

HEAD: The scalp is covered with three- to four-inch long, kinky black hair set in AP oriented cornrows. There is a well-trimmed, black

AUTOPSY REPORT

-4-

DARRENT WILLIAMS 2007-0002-08

goatee with mustache and whiskers under the lower lip. The rest of the face is unshaven. The ears are normally formed and located. The irides are brown, the corneas clear, and the conjunctivae are free of petechiae. The sclerae are white and free of hemorrhage. The nose is intact. The lips are normally formed and atraumatic. The frenula are atraumatic. The teeth are natural and in good repair. There is a mild film of blood in the mouth. No other foreign material is in the mouth.

NECK: The neck is symmetrical and otherwise atraumatic; see "External Evidence of Injury."

CHEST: The chest is normally formed. The breasts are symmetrical without palpable masses.

ABDOMEN: The abdomen is flat and firm without palpable masses.

EXTERNAL GENITALIA: The external genitalia are those of a normal adult male.

ARMS: The arms are normally formed. No other recent needle puncture marks or old track marks are appreciated. No wrist scars are present. There is dried blood on both surfaces of both hands. The palms are otherwise unremarkable. The dorsum of the hands and knuckles are atraumatic. The fingernails are variably short and longer and fairly clean. The nail beds are mildly cyanotic. When the superior left shoulder band-aid is removed there is a questionable underlying recent needle puncture mark; when incised, there is a faint pink subcutaneous hemorrhage.

LEGS: The legs are normally formed without evidence of edema or deformity. The legs are muscular. There is a nearly healed 1/2 x 1/2 inch scabbed abrasion on the left knee. When the two right knee bandages are removed, there are underlying focal recent but healing superficial abrasions measuring 3/8 x 1/2 inch superior and 3/8 x 3/8 inch inferior. On the right hip, is a focally scabbed, red-brown superficial abrasion measuring 1/2 x 3/4 inch.

BACK: The back is straight, symmetrical and atraumatic. The anus is atraumatic.

EXTERNAL EVIDENCE OF INJURY

There is a single gunshot wound on the body.

I. GUNSHOT WOUND:

- A. ENTRANCE WOUND: There is a gunshot wound entrance wound located on the left neck with a central defect centered 9 1/2 inches down from the top of the head and 2 1/2 inches circumferentially to the left of the anterior midline. The central defect is gaping and atypical, mostly ovoid, and measures 9/16 x 1/2 inch. There is a posteriorly radiating short marginal laceration located at 3 o'clock measuring 3/16 inch to 1/4 inch in length. The central defect is surrounded by a 1/8 to 1/4 inch wide, dark purple, irregular, circumferential marginal abrasion, widest anteriorly. There is no soot deposition appreciated. Surrounding the central defect is a 2 1/2 x 3 1/2-inch area containing multifocal red-purple superficial abrasions and focal superficial lacerations measuring from pinpoint up to 3/16 x 1/2 inch in greatest dimension (anteriorly located). This anteriorly located superficial injury is a horizontal superficial laceration contained within a red-purple abrasion.
- B. EXIT WOUND: There is a gunshot exit wound located on the right neck with a central defect centered 9 inches down from the top of the head and 4 1/4 inches to the right circumferentially, from the anterior midline. The central defect is irregular and measures 1/4 inch in vertical by up to 1/2 inch in AP dimension. The inferior margin shows minimal superficial abrasion. However, the anterior superior margin shows a 3/16 x 5/16 inch dark purple superficial abrasion. Embedded in the skin and protruding outward from the wound at the superior aspect is an exiting copper jacket. See "Bullet" below. There is no soot deposition or powder tattooing.
- C. BULLET: A deformed, medium- to large-caliber, open copper jacket is removed from the exit defect and held for police representatives. The bullet core exits the body. When the jacket is removed, it is apparent that it is forming its own exit defect centered 5/16 inch above the larger lower core exit defect, described above. The two defects are separated by a 1/8-inch wide bridge of intact skin.

- D. DIRECTION: The direction of the bullet is from left to right and slightly rearward.
- E. PATH: The bullet perforates the neck; see "Internal Examination" below.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat measures 0.8 cm in thickness. There is no abnormal fluid in the cavities. The serosal surfaces are smooth and glistening. The organs are normally located.

CARDIOVASCULAR SYSTEM: The heart weighs 330 grams and is not enlarged. It has a thickened left ventricle with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. They show no significant atherosclerosis, and are widely patent. The endocardium is intact, smooth, and glistening. The cardiac valves are of normal number, intact, and free of vegetations. The myocardium is red-brown, firm, and uniform. There is biventricular hypertrophy. The right ventricular wall measures 0.5 cm in thickness, and the left, 1.6 cm. The septum is otherwise unremarkable.

The aorta follows its usual course and shows no significant atherosclerotic changes. There are no vascular anomalies, aneurysms, or thromboses.

RESPIRATORY SYSTEM: The right and left lungs weigh 390 and 360 grams, respectively. They have the usual lobation. The pleura is smooth and glistening. There is minimal anthracotic pigmentation. The lungs are well expanded and aerated, mostly pink but purple in the posterior lower lobes, and minimally subcrepitant. Cut surfaces are dark red and exude a mild amount of blood and pulmonary edema fluid. Cut surfaces also show a moderate number of multifocal red-purple intraparenchymal hemorrhages taking on a "checkerboard pattern." There are no areas of consolidation or enlargement of the airspaces. The bronchi and pulmonary arteries are patent.

HEPATOBIILIARY SYSTEM: The liver weighs 1290 grams. The capsule is smooth, glistening, and intact. Cut surfaces are red-brown and uniform with no change in consistency.

The gallbladder contains an estimated 10 ml of bile and no stones. The

AUTOPSY REPORT

-7-

DARRENT WILLIAMS 2007-0002-08

mucosa is intact. The bile ducts are patent.

The pancreas has a normal size and shape. Cut surfaces are pink-tan, firm, and show the usual lobulated architecture.

HEMOLYMPHATIC SYSTEM: The spleen weighs 80 grams. The capsule is smooth, glistening and intact. Cut surfaces are maroon, firm, and uniform.

There is no enlargement of the lymph nodes in the neck, chest or abdomen. Where sectioned, their parenchyma is unremarkable.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. Cut surfaces show a uniform, firm, red-brown parenchyma.

The adrenals have their usual size and shape. Sections show a normal structure with thin, uniform, yellow cortices. The pituitary is not enlarged.

GASTROINTESTINAL SYSTEM: The esophagus is patent; see "Neck" below. The stomach contains approximately 125 cc of liquid blood containing no solid food, pills, or capsules. The gastric mucosa is moderately bloodstained but intact. The pylorus is patent. The duodenum is intact. The small and large intestines are unremarkable to inspection and palpation. The appendix is present. The rectal mucosa is unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 150 and 160 grams, respectively. They have their normal shape and position. The capsules strip with ease revealing smooth cortical surfaces. Cut surfaces show the usual corticomedullary structure. The pelves and ureters are not dilated or thickened. The bladder contains approximately 100 cc of clear, yellow urine. The mucosa is intact, and the bladder wall is not hypertrophied.

The prostate is of average size and grossly unremarkable. The testes are of normal size and palpably unremarkable.

NECK: The neck organs are removed en bloc with the tongue. There are bilateral diffuse purple-black soft tissue and intramuscular hemorrhages in the right and left neck measuring 7 x 4 inches on the right and 5 x 3 inches on the left. The bullet perforates the mid left sternocleidomastoid muscle, centered 3 1/4 inches above the left

AUTOPSY REPORT

-8-

DARRENT WILLIAMS 2007-0002-08

clavicle. It lacerates and nearly transects the mid left internal jugular vein, centered 3 inches above the left clavicle. The bullet continues rightward and passes anterior to the left common carotid artery, missing it. The bullet perforates the upper left thyroid cartilage and transects the left superior horn of the thyroid cartilage at its base, as well as obliterating a portion of the upper posterior left thyroid cartilage. The bullet continues from left to right through the upper airway, transects the upper esophagus, then passes posterior to the right superior horn of the thyroid cartilage. The bullet misses the epiglottis, and in passing rightward, lacerates both the right common carotid artery and the mid right internal jugular vein, centered 3 inches and 3 1/2 inches above the right clavicle, respectively. The bullet then passes through the posterior mid right sternocleidomastoid muscle 3 to 3 1/2 inches above the right clavicle.

There are no other hemorrhages in the tongue, strap muscles, thyroid, or pharyngeal constrictors. The cartilaginous and bony structures of the larynx and hyoid are otherwise intact. The airway contains a moderate amount of liquid blood on a mostly smooth, pink-tan mucosa. However, there is diffuse circumferential red-purple laryngeal submucosal hemorrhage which extends approximately 1 inch both above and below the vocal cords. The airway is otherwise unobstructed and lined by a smooth, pink-tan mucosa. There is no displacement or crepitus of the cervical vertebrae. The bullet passes anterior to the vertebral column.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is normally developed, but muscular. There are no fractures, other than that described in "Neck" above. There are no natural deformities. The ribs are not brittle. The skeletal muscle is dark red and firm.

HEAD: Reflection of the scalp reveals no hemorrhage. The calvarium is intact. There is no epidural or subdural hemorrhage. Removal of the dura from the base of the skull reveals no fractures. The proximal spinal cord is intact.

CENTRAL NERVOUS SYSTEM: The brain weighs 1280 grams and is mildly swollen. The leptomeninges are glistening and transparent. There is no subarachnoid hemorrhage or exudate. The hemispheres are symmetrical with a normal gyral pattern. There is no evidence of herniation. The arteries at the base of brain are intact and show no significant atherosclerotic changes or aneurysms.

AUTOPSY REPORT

-9-

DARRENT WILLIAMS 2007-0002-08

Cross sections through the cerebral hemispheres show a uniform, intact cortical ribbon. The basal ganglia, thalamus, and other internal structures are symmetrical and without focal changes. The white matter is uniform. The ventricles are not enlarged, and their linings are smooth and glistening. Cross sections through the brainstem and cerebellum show an intact structure without focal lesions.

SPECIMENS RETAINED

TOXICOLOGY: Samples of central and peripheral blood, vitreous humor, urine, and gastric contents are retained.

HISTOLOGY: Sections of the heart, lung, liver, and kidney are submitted for histology.

PHOTOGRAPHS: An identification digital photograph is taken. Additional close-up photographs are taken. Multiple police photographs are taken.

X-RAYS: Head and chest x-rays are taken.

MICROSCOPIC EXAMINATION

HEART (1 section): No significant pathology.

LUNG (1 section): Hemorrhage. Edema.

LIVER (1 section): No significant pathology.

KIDNEY (1 section): No significant pathology.

REW:GS

D: 01/01/2007 T: 01/02/2007

Rev. 01/24/2007; 01/29/2007