

DISTRICT TWELVE MEDICAL EXAMINER
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MEDICAL EXAMINER REPORT

CASE # 20-02495

DECEDENT	**DOUGLAS BENEFIELD**	COUNTY	**MANATEE**
	First, Middle, Last	DOD	**09/27/2020**
EXAMINATION	Date: **09/28/20** Time: **9:00 AM** Place: **MMEF**	AGE	**58**
MEDICAL EXAMINER	**RUSSELL S. VEGA, M.D.**	RACE	**WHITE**
INVESTIGATOR	**SHAWN CONNELL**	SEX	**MALE**

REPORT OF AUTOPSY

SUMMARY OF AUTOPSY FINDINGS AND OPINIONS:

I. Gunshot Wound of Chest
   - A. Perforation of right lateral chest wall with confluent chest tube incision
   - B. Perforations of right 5th and left 10th ribs, and T10 vertebra
   - C. Perforations of bilateral lower lobes of lungs
   - D. Small isolated blast laceration of aorta
   - E. Bilateral hemothoraces
   - F. Penetrating wound, projectile recovered

II. Gunshot Wound of Right Leg
   - A. Perforating wound, small fragment recovered
   - B. Perforation of calf musculature, proximal tibia and fibula, and smaller arterial branches

III. Abrasion, Probable Grazing Gunshot Wound, Right Arm

IV. Blunt Impact of Head
   - A. Cutaneous abrasion and soft tissue scalp contusion

V. Concentric Left Ventricular Hypertrophy, Mild

VI. Arteriosclerotic Heart Disease
   - A. Coronary atherosclerosis, focal, mild

TOXICOLOGY: Please refer to the separate, attached toxicology report.

CAUSE OF DEATH: **Perforations of Lungs with Hemothoraces** *due to* **Gunshot Wound of Chest**

MANNER OF DEATH: **Homicide (shot by other person with handgun)**

"2020CF003014AX" 168027613 Filed at Manatee County Clerk 03/03/2023 04:47:53 PM EST

Russell S. Vega, M.D.
Chief Medical Examiner

11/3/2020
Date

RSV:dl
10/06/20

EXTERNAL EXAMINATION:

The body is that of a 69-inch in length, 169-pound, normally developed white man with general appearance consistent with the age of record of 58 years. The body is cool to touch due to refrigeration. Rigor mortis has strongly developed. Lividity is pink-purple, affects the posterior aspect of the body, is mildly developed, and is sluggish but unfixed.

Scalp hair is brown, wavy, 1-2 inches in maximal length, and fully distributed over the scalp. The irides are blue. The conjunctivae are pale without petechiae. The teeth are natural and in a good state of repair. Facial hair consists of a short beard and mustache. The neck has no unusual marks. The chest is symmetric. The abdomen is flat. The penis is circumcised. The testes are descended into the scrotum. The extremities are symmetric. The legs have no pitting edema nor ulcers. The back and anus have no lesions, except as described.

A medium-length, vertically oriented scar is over the midline lumbar aspect of the back. Two round scars are over the anterolateral and lateral aspects of the left thigh, in the same horizontal plane. No other scars are identifiable, and the body has no tattoos or other identifying marks. The body has no injuries except those described below.

Medical Therapy: An endotracheal tube is within the mouth, with its tip appropriately positioned within the trachea. An intravenous catheter is over the lateral aspect of the right side of the neck. Standard intravenous catheters are over both antecubital fossae and over the posterior aspect of the left forearm. An intraosseous catheter extends from the proximal anterior aspect of the left leg. Scattered small red marks are over the central aspect of the chest, having the appearance of artifact of defibrillation. A small superficial red mark over the right superior infraclavicular region suggests attempted puncture to relieve pneumothorax. A chest tube is loosely sutured in place extending through a perforation over the right lateral chest wall (for additional description, please refer to the description of gunshot wound of chest described below). The chest tube is also held in place with tape and gauze. Multiple gauze pads overlie two 3-4 mm perforations involving the left groin region, having the appearance of those associated with attempted femoral venipuncture or line placement. Surrounding this left groin intervention is fairly broad groin and thigh ecchymosis.

INJURIES:

Gunshot Wound of Chest

1. The entrance wound is located over the mid anterolateral aspect of the right side of the chest, 49 1/2 inches superior to the sole of the right foot and 6 inches to the right side of the anterior midline. The wound comprises a roughly 7/16-inch in diameter round perforation with a uniform 1/16-inch in width abrasion margin. Note that the posterior margin of the perforation is extended via a horizontally oriented 3/4-inch in length incision made to accompany the chest tube which is inserted through this incision and gunshot-entrance combination. Note that through this entrance wound the chest tube is inserted through the soft tissue defect and 5th intercostal space pleural perforation that the gunshot wound creates. The skin surrounding the

perforation has no soot fouling or stippling, and there is no soot fouling evident in the depths of the wound.

2. The wound track has no exit. However, a palpable projectile is present in the subcutaneous tissues of the left side of the back, 49 1/4 inches superior to the sole of the left foot and 3 1/2 inches to the left side of the midline.

3. The wound track traverses the skin of the previously described entrance wound, perforating the soft tissues of the 5th intercostal space and perforating the inferior margin of the right 5th rib anterolaterally. The wound track then continues into the right pleural cavity, perforating the right lower lobe of lung and exiting the lung medially. The wound track then perforates the body of the 10th thoracic vertebra, subsequently entering the left pleural cavity. The wound track then perforates the posterior surface of the left lower lobe of lung, then exits the left pleural cavity by grazing the inferior surface of the left 10th rib and perforating the left 10th intercostal space. The wound track then traverses the musculature and soft tissues of the back in this region, ending in the subcutaneous tissues of the back in the location previously described.

4. Retrieved from the end of the wound track is a large-caliber, jacketed, moderately deformed projectile with well-defined rifling marks. Additionally present is a small red rubber plug. These are both cleaned, photographed, and retained for law enforcement disposition.

5. Associated with the wound track are bilateral hemothoraces, with 1250 ml of liquid blood in the right pleural cavity and 1650 ml of liquid blood in the left pleural cavity. Small amounts of poorly formed blood clot are present in both cavities. The lungs are both moderately collapsed with associated intraparenchymal accumulations of blood. The 10th vertebra has a roughly horizontally oriented transverse fracture, however there is no associated visible spinal canal or spinal cord injury. The aorta has associated superficial blast lacerations that largely involve the intimal surface only, however apparent very limited full-thickness laceration involves the left posterolateral wall of the aorta at the level of the gunshot. Communication between the aortic laceration and mediastinal hematoma or hemothorax cavity is not clearly demonstrated.

6. The wound track is, with reference to the standard anatomic position, from right to left, from anterior to posterior, and without significant inferosuperior deviation.

Gunshot Wound of Right Leg

1. The entrance wound is located over the posterior right leg, 12 1/4 inches superior to the sole of the right foot and roughly 1 to 1 1/2 inches to the left side of the sagittal midline of the leg. The wound comprises a 3/4 x 3/8-inch in length, vertically oriented ovoid perforation with a 3/16-inch in greatest dimension flame-shaped abrasion margin at the inferior margin of the wound. The surrounding skin has no soot fouling nor stippling. There is well-defined central tissue deficit. The depth of the wound has no soot fouling.

2. The exit wound is located over the lateral aspect of the right knee, 18 1/2 inches superior to the sole of the right foot and centered in the coronal midline of the leg. The wound comprises

a U-shaped perforation with an anterosuperior-based skin flap. Underlying is the perforation track. The perforation itself has no associated soot fouling or stippling, or central tissue deficit.

3. The wound track traverses the skin of the previously described entrance wound, perforating the calf musculature, and then perforating and/or partially blasting both the lateral head of the tibia and the head of the fibula. The wound track then exits through the previously described exit wound.

4. A small lead fragment is recovered from the soft tissues just deep to the exit wound. This is cleaned, photographed, and retained for law enforcement disposition.

5. Associated with the above gunshot wound track is fracturing of the proximal tibia and fibula. Probable injuries to the peroneal and posterior tibial arteries are present, however the popliteal artery appears to not be involved.

6. The wound track is, with reference to the standard anatomic position, from posterior to anterior, from left to right, and from superior to inferior.

Probable Grazing Gunshot Wound, Right Arm

1. This injury is an abrasion over the mid anterolateral right arm, centered 6 1/2 inches inferior to the point of the shoulder. The wound comprises a 1 1/8 x 1/2-inch oblong abrasion that has irregular margins. In the standard anatomic position, the oblong nature of the injury is angled downward from posterior to anterior. It is centered roughly 1/2 inch anterior to the coronal midline of the extremity, and roughly 1 inch to the right of the sagittal midline.

2. The wound does not penetrate beyond the skin. (Comment: Overall, the appearance of the wound is one of a grazing gunshot wound, quite superficial, with probable direction of posterior to anterior, superior to inferior, and slightly from right to left.)

Additional Injuries

1. A 2-inch swollen abraded contusion involves the occipital protuberance of the scalp. Underlying is moderate scalp soft tissue and subgaleal contusional hemorrhage. There is no deeper underlying injury.

2. A small irregular puncture-type superficial wound is over the distal posteromedial aspect of the right thigh, located 21 1/2 inches superior to the sole of the right foot and 2 inches to the left side of the sagittal midline of the thigh. The wound comprises a 1/4-inch in greatest dimension irregular perforation that involves only the very superficial subcutaneous fat.

INTERNAL EXAMINATION:

Head: The scalp is remarkable for injuries described above. The skull has no fractures. No epidural or subdural blood accumulations are evident. The leptomeninges are thin and delicate,

without hemorrhage or exudate. The cranial nerves and cerebral arteries are unremarkable. The brain weighs 1490 grams. The cerebral surfaces have the usual gyral pattern. The external and cut surfaces of the brain have no evidence of injury or natural disease.

Neck: The cervical spine, laryngeal cartilages, hyoid bone, and strap muscles of the neck have no injuries. Note that the sternocleidomastoid muscle and adjacent soft tissues on the right side have blood extravasation associated with intravenous catheter placement as correlated above. The upper airways are lined by thin mucosa, without lesions or obstructions. The tongue has no injuries.

Body Cavities: The pneumothorax test is negative, bilaterally. The pleural cavities are remarkable for blood accumulations as described above, and have no adhesions or serositis. The pericardial and peritoneal cavities have no adhesions, or blood or fluid accumulations. The body organs are normally situated, somewhat pale, and have no unusual odors.

Cardiovascular: The great vessels and chambers of the heart are moderately underfilled, containing only small amounts of dark red liquid blood. The great vessels arise normally, follow their usual courses, and have neither thrombi nor emboli. The aorta has minimal atherosclerosis without aneurysm or dissection. It is remarkable for injury as described above.

The heart weighs 360 grams. The epicardial and pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow a right-dominant distribution. They have focal soft eccentric yellow atherosclerotic plaque, involving principally only the proximal portion of the left anterior descending artery. In this segment, maximal stenosis appears to be 40%. No thromboses are evident. The myocardial cut surfaces are brown, without evidence of recent or remote infarct or other focal changes. The endocardium is thin. The cardiac valves are normally formed with thin and compliant cusps and leaflets that have no lesions. The coronary ostia are normally situated and are patent.

Lungs: The right lung weighs 310 grams, as does the left. The lungs are remarkable for perforation as described above. The pleural surfaces are smooth and glistening with moderately developed anthracosis. The cut surfaces are pink to red, and remarkable for gunshot track associated injuries, but are otherwise without injury. There are no emphysematous changes or tumor nodules. The pulmonary arterial branches have no thromboemboli. The tracheobronchial tree contains thick, bloody mucoid material without mucosal lesions or obstructions by foreign material.

Liver, Gallbladder, and Pancreas: The liver weighs 1610 grams. The capsule is smooth and thin. The cut surfaces are brown, without nodules, though a small subcapsular hemangioma involves the dome of the right lobe. There is no cirrhosis. The gallbladder contains liquid bile without stones. The pancreas has tan parenchyma without nodules, hemorrhage, or fibrosis.

Hemic and Lymphatic: The spleen weighs 130 grams. The capsule is smooth and thin. The cut surfaces are red without nodules. The lymph nodes are inconspicuous throughout. The exposed bone marrow is red. The thymus is tan-yellow and without nodules.

Digestive: The stomach contains 30 ml of brown liquid without food particles or medicaments evident. The esophagus, stomach, and duodenum have no chronic ulcers, tumors, or other focal abnormalities. The small and large intestines have no tumors, polyps, or any evidence of obstruction. There is no diverticulosis.

Genitourinary: The right kidney weighs 130 grams; the left weighs 160 grams. The capsules strip with ease from the underlying smooth cortical surfaces. The cut surfaces are tan-brown, and have the usual corticomedullary architecture, without nodules, scars, or cysts. The urinary collecting system is not dilated, and no stones are present. The bladder contains a moderate volume of clear, yellow urine and is lined by smooth mucosa. The prostate gland has homogeneous tan-white cut surfaces, without nodules. The seminal vesicles are unremarkable. The testes have stringy, tan-brown parenchyma without nodules or hemorrhage.

Endocrine: The pituitary gland is not enlarged. The thyroid gland has brown parenchyma without cysts or nodules. The adrenal glands have yellow cortices and brown medullae, without nodules or hemorrhage.

Musculoskeletal: The ribs, spine, clavicles, and pelvis have no fractures and are remarkable only for gunshot injury as described above. A single osteophyte in the lower thoracic spine is present, however, generally, the spine has only minimal degenerative changes. No other injuries are evident except as previously described, and full body radiographs do not identify other foreign bodies, with the exception of rods placed in the lumbar spine. The supporting musculature and soft tissues are unremarkable.

RSV:dl
10/06/20

MICROSCOPIC FINDINGS:

Heart: Unremarkable.

Lung: Mild emphysematous change. Intra-alveolar hemorrhage, especially subpleural, without identifiable interstitial hemorrhage.

Liver: Unremarkable.

Kidney: Unremarkable.

Spinal Cord: Fragmented section, no clear contusion identified.

RSV:rsv
10/16/2020



DISTRICT TWELVE MEDICAL EXAMINER

2001 Siesta Drive, Suite 302, Sarasota, FL 34239-2100 - Phone: (941) 361-6909 Fax: (941) 361-6914

TOXICOLOGY TESTING RESULTS

Decedent Information: **Case #:** 20-02495

Name:Douglas Benefield Race: White Gender: Male Age: 58 Years

Specimen collected and submitted by: VEGA, M.D., Russell S

University of Florida Toxicology			4800 SW 35th Drive	
			Gainesville, FL 32608	
			Tel: (352) 265-0680 Fax: (352) 265-9904	
Test	Specimen	Substance	Result	Date
Comprehensive Drug Screen	Peripheral Blood	NA	None Detected_	10/28/2020
Comprehensive Drug Screen	Urine	NA	None Detected_	10/28/2020
Volatiles	Peripheral Blood	NA	None Detected_	10/28/2020
Volatiles	Urine	NA	None Detected_	10/28/2020

District Twelve
Medical Examiner
Organ Weights and Body Measurements Worksheet

20-02495-M

NAME: BIINEFIELD, DOUGLAS
DR.: RSV DATE: 08/28/2020

Organ Weights and Body Measurements

ORGAN WEIGHTS

Heart:	360
Right Lung:	310
Left Lung:	310
Liver:	1610
Spleen:	130
Right Kidney:	130
Left Kidney:	160
Brain:	1490
Thymus:	
Other: (_____)	

STOMACH AND BODY CAVITIES

Stomach Contents:	30
Right Pleural:	1250
Left Pleural:	1650
Peritoneal:	
Pericardial:	

WEIGHT AND LENGTH

Weight:	169
Length:	69

INFANT MEASUREMENTS

Crown-Heel:	
Crown-Rump:	
Head Circumference:	
Chest Circumference:	
Abd Circumference:	
Foot Length:	

OTHER MEASUREMENTS

DISTRICT TWELVE MEDICAL EXAMINER - AUTOPSY WORKSHEET

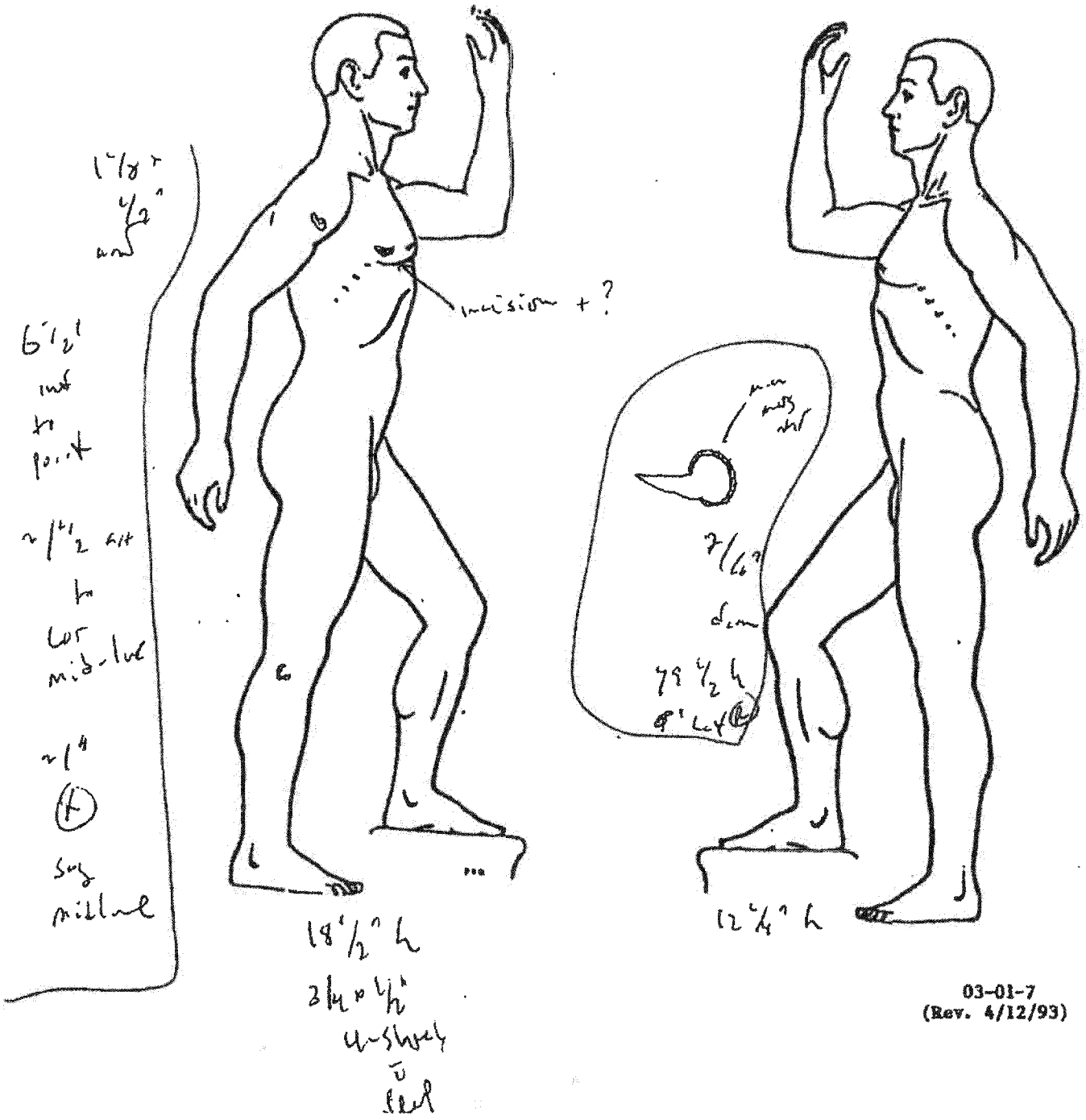
ANATOMICAL OUTLINE: FULL BODY, LATERAL, INFERIOR ARMS/LEGS

NAME: _____ **20-02495-M** _____ **DATE:** _____

NAME: BINEFIELD, DOUGLAS

DR.: RSV DATE: 09/28/2020

Rajmis



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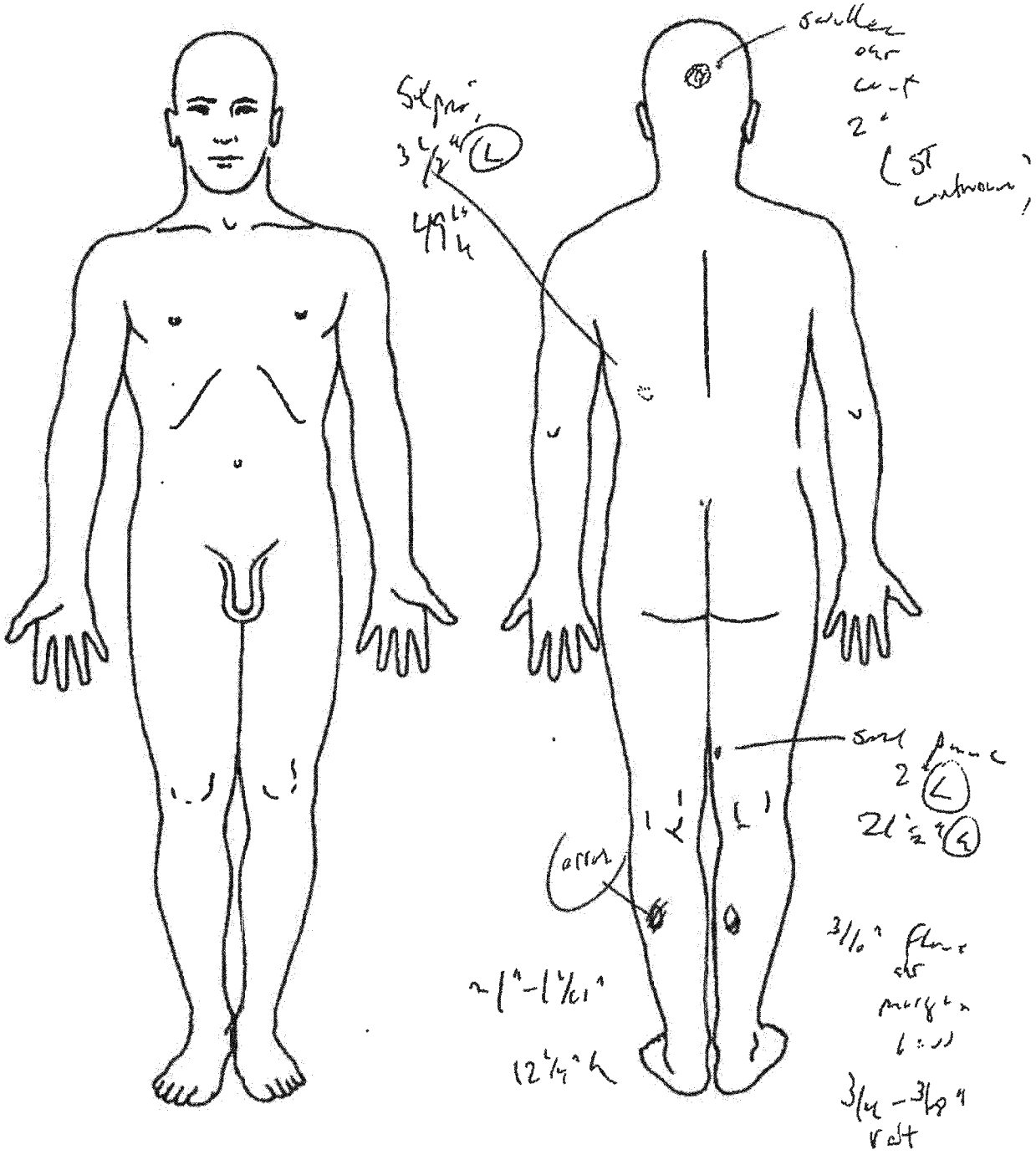
District Twelve
Medical Examiner
Male Body Diagram

20-02495-M

NAME: BLINEFIELD, DOUGLAS
DR.: RSV DATE: 08/26/2020

AGE:
RACE:

Bruising



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District Twelve
Medical Examiner
Autopsy Work Sheet
Internal Examination, RSV

20-02495-M

NAME: SIINEFIELD, DOUGLAS
DR.: RSV DATE: 09/28/2020

Head: AA, dry

Neck: nl ↑ thyroid (L)

Body Cavities: AA, dry

Cardiovascular: nl
30-70%

Coronal Plane
Inf 5th mid → RLL TLO
LLL → 10th mid post → Inf
Back muscle → sy
mm Pri; hyp cal, inhabit,
R→L A→P Ims

Lungs: AA mild adh mid-pl thick thin

Liver/gall bladder/pancreas: br small hemang-s; l- tan

Hemic and Lymphatic: nl nc of

Digestive: sm br l- air/fl-t

Genitourinary: sm tan, mid dil nl

Endocrine: nl

Musculoskeletal: nl ↑ thin dehy

(L) calf, thread fib/fb
Post to AP thru branches

District Twelve
Medical Examiner
Male Body Diagram

W-169 L-69

41235 352

20-02495-M

NAME: BENEFIELD, DOUGLAS

DR.: RSV DATE: 09/28/2020

AGE: 58
RACE: W/M

