

Fulton County Medical Examiner
430 Pryor Street SW
Atlanta, Georgia 30312



Dr. Jan M. Gorniak
Chief Medical Examiner

Office: 404.613.4400
Fax: 404.612.2463
fultoncountymedical@fultoncountyga.gov

Case Number: 2020-01217

Name (First): Rayshard
(Last): Brooks

Age, Race, Sex: 27 - Black - Male

Cause of Death: Gunshot wounds of the back

Manner of Death: Homicide

Medical Examiner: Karen E. Sullivan, M.D.

Procedure: Autopsy Sunday, June 14, 2020
Karen E. Sullivan, M.D.

Print Date: 06/18/2020

Referrals:

**REPORT OF
THE MEDICAL EXAMINER**

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REASON FOR PERFORMING AN EXAMINATION:

This 27-year-old black man was shot during an encounter with law enforcement officials. He was transported to Grady Memorial Hospital where he died despite resuscitative efforts.

SUMMARY OF FINDINGS:

- I. Penetrating gunshot wound of the back of indeterminate/distant range of fire.
 - A. Entrance wound on the left side of the middle of the back.
 - B. Neither soot nor stippling on the skin.
 - C. Pathway: Left side of the back, 9th thoracic vertebra and spinal cord, aorta, diaphragm, duodenum, inferior vena cava, and into the right lobe of the liver.
 - D. Associated heart injury, left hemothorax, spinal cord epidural and subdural hemorrhage, and hemoperitoneum.
 - E. Projectile recovered from the right lobe of the liver.
 - G. Direction: Back to front, left to right, and slightly downward.
- II. Perforating gunshot wound of the back of indeterminate/distant range of fire.
 - A. Entrance wound on the left buttock.
 - B. Neither soot nor stippling on the skin.
 - C. Pathway: Left buttock, left external iliac vein, urinary bladder, ileum, and skin and skeletal muscles of the right pubic region.
 - D. Associated hemoperitoneum.
 - E. Direction: Back to front, left to right, and slightly upward.
- III. Cutaneous contusions and superficial abrasions.
- IV. No evidence of active natural disease processes.

CAUSE OF DEATH:

Gunshot wounds of the back.

MANNER OF DEATH:

Homicide.

OPINION:

It is my opinion that Rayshard Brooks died due to injuries incurred when he was shot by another individual. The manner of Mr. Brooks' death is classified as a homicide.

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DATE, TIME, AND PLACE OF EXAMINATION:

Under the provisions of the Georgia Death Investigation Act, an autopsy is performed in the morgue of the Fulton County Medical Examiner's Center on Sunday, June 14, 2020 commencing at 0845 hours. In attendance for portions of the autopsy are Fulton County Assistant District Attorney Shaneah Jenkins, Fulton County District Attorney Investigator Greg Thomas, and Georgia Bureau of Investigation Special Agent David Jones.

PRESENTATION, CLOTHING, AND PERSONAL EFFECTS:

The unclad body is received supine in two white plastic disaster bags. The outer bag is secured with a red plastic seal numbered 2191522. Attached to the plastic seal is a Fulton County Medical Examiner's Center identification tag with the designation "20-01217; Rayshard Brooks". The hands are covered with paper bags and examined prior to manipulation of the body. Two hospital identification tags encircle the right wrist. No items accompany the body.

DIAGNOSTIC AND THERAPEUTIC DEVICES AND MARKINGS:

1. An oral endotracheal tube is secured with a plastic and Velcro stabilization device.
2. An oral-gastric tube is in the mouth.
3. A double lumen intravascular catheter is in the right side of the neck.
4. A triple lumen intravascular catheter is in the right side of the upper chest. Associated contusions cover a 4-1/4 x 2-3/4" area.
5. A single lumen intravascular catheter is in the left side of the upper chest. Associated contusions cover a 3-1/4 x 3-1/4" area.
6. A 24-1/8" thoracotomy incision closed with black suture spans the anterior and lateral surfaces of the torso.
 - a. Gauze and tape cover the left lateral aspect of the incision.
 - b. The thoracotomy incision extends through the 5th intercostal spaces.
 - c. A 1-1/4" incision and 1/2" to 1" contusions on the left side of the chest are associated with the incision.
7. Two chest tubes in the left side of the chest are sutured to the skin.
8. One chest tube in the right side of the chest is sutured to the skin.
9. A 1-3/4" stapled, vertical surgical incision extends inferiorly from the umbilicus.
10. A single lumen intravascular catheter is in each inguinal region.
 - a. A 2-1/2 x 1-1/2" area of contusions is associated with the left inguinal catheter.
 - b. A 1 x 1-1/8" area of contusions is associated with the right inguinal catheter.
11. Gauze and tape cover a wound on the right pubic region.
12. A urethral catheter attached to a plastic collection device contains approximately 40 mL of blood-tinged fluid.
13. Blood soaked gauze encircling the left arm covers a full thickness defect of the medial surface of the left arm and the axilla that is consistent with use of a rib spreader.
14. A single lumen intravascular catheter in the left antecubital fossa is associated with a 1-1/4 x 3/4" area of contusions.
15. Blood soaked surgical pads are in each pleural cavity and in the mouth.

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POSTMORTEM X-RAYS:

Multiple x-rays are obtained. A projectile is in the right side of the torso.

POSTMORTEM CHANGES:

The refrigerated body is cool to the touch. Rigor mortis is generalized and moderately developed. Violet postmortem lividity is posteriorly distributed except in regions of pressure. The corneas are clear. The vermilion borders of the lips are moist. The body is well preserved.

FEATURES OF IDENTIFICATION:

The unembalmed body is that of an adult black male appearing consistent with the reported age of 27 years, measuring 71" in length and weighing 219 pounds. The decedent has an average build, well developed, and well nourished (BMI: 31 kg/m²). The dark brown/black head hair is 3/8" in length. Facial hair is 1/4" to 3/8" in length. The irides are brown. The natural teeth are in average repair. Each earlobe is pierced. Monochromatic tattoos are on the face, neck, torso, and upper extremities.

EVIDENCE OF ACUTE INJURY:

Two gunshot wound injuries are described. The order of description is for convenience only.

Penetrating Gunshot Wound of the Back:

A 3/16 x 3/16" entrance wound on the left side of the middle of the back is 17-1/8" from the top of the head and 1" left of the posterior midline of the torso. It is circumscribed by an eccentric abrasion with a maximal width of 3/16" in the 9 o'clock position. Neither soot nor stippling is on the skin.

Direction: Back to front, left to right, and slightly downward.

The projectile pathway involves the left side of the back and the 9th thoracic vertebra partially disrupting the spinal cord and creating parenchymal, epidural, and subdural hemorrhage. The aorta exhibits two sutured defects centered 8.7 cm distal from the origin of the left subclavian artery. The projectile perforates the diaphragm, the duodenum, the inferior vena cava, and lodges in the right lobe of the liver. 200 mL of blood is in the right pleural cavity. 300 mL of blood is in the left pleural cavity. The pericardial sac has been surgically excised. The abdomen contains approximately 100 mL of blood. The posterior aspect of the left atrium exhibits a circular 0.6 cm defect through which a fragment of bone protrudes. The epicardial surface of the heart is diffusely contused. Centered 2.7 cm above the sutured aortic defects is a horizontal 4 cm aortic intimal defect suggestive of medical intervention. There is marked anterior and posterior mediastinal soft tissue hemorrhage.

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Recovered from the right lobe of the liver is a medium/large caliber jacketed projectile with ballistic markings. The projectile is photographed with an identification tag bearing the decedent's name, case number, date, my initials (KES) and "Torso". The projectile and identification tag are placed in a clear plastic, gauze padded evidence box that is sealed and placed in a locked receptacle prior to transport to the Georgia Bureau of Investigation.

Perforating Gunshot Wound of the Back:

A 3/16 x 3/16" entrance wound on the left buttock is 35-1/4" above the plane of the left heel and 2-1/4" left of the posterior midline of the torso. It is circumscribed by an eccentric abrasion with maximal width of 1/16" in the 12 o'clock position. Neither soot nor stippling is on the skin.

Direction: Back to front, left to right, and slightly upward.

A 2-1/2 x 1-1/2" area of contusions of the right pubic region are centered 2-1/8" from the edge of the right pubic exit wound in the 9 o'clock direction. The projectile pathway includes the skin and skeletal muscles of the left buttock, the left external iliac vein, the urinary bladder creating hemorrhage around the bladder and prostate gland, the ileum, and the soft tissues of the right pubic region. The serosal surfaces of the colon are dusky in appearance. No perforations are noted.

An unabrased 3/16 x 3/16" exit wound in the right pubic region is 35-5/8" above the plane of the right heel, 1" right of the anterior midline of the torso, and 4-3/8" from the umbilicus in the 6 o'clock to 7 o'clock directions. Radiating lacerations extend 5/16" in the 4 o'clock direction, 1/8" in the 7 o'clock and 9 o'clock positions, and 3/16" in the 11 o'clock direction. No intact projectiles or projectile fragments are recovered in association with this wound.

Other Injuries:

Neck:

1. Hemorrhages within the sternocleidomastoid and sternothyroid muscles (right greater than left) may be related to medical intervention.
2. The hyoid bone is intact without associated skeletal muscle hemorrhage.

Torso:

1. A 13 x 11" area of discontinuous brown cutaneous discolorations/abrasions is both above and below the thoracotomy incision on the anterior surface of the torso.
2. A 10-1/2 x 6" area of discontinuous contusions on the right anterior and lateral surfaces of the torso from above the thoracotomy incision to below the level of the chest tubes.
3. A 9 x 6" area of contusions involved the left lateral surface of the torso.
4. A 4-1/4 x 3-1/2" area of contusions is on the left lateral surface of the torso and axilla is associated with the rib spreader defect.
5. A 5-1/2 x 3-1/4" area of discontinuous contusions overlie the left trapezius muscle and the left side of the upper back.

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Extremities:

1. Contused abrasions on the left elbow measure 1/8 x 1/16" and 1/2 x 1/4".
2. A 1-1/8 x 1/4" contused abrasion is on the medial surface of the left forearm.
3. A 1/2 x 3/8" contused abrasion is on the posterior surface of the left forearm.
4. A 5/16 x 3/16" superficial abrasion is on the posterior surface of the right arm.
5. A 1-7/8 x 1-1/4" area of discontinuous contusions is on the anterior and lateral surfaces of the right arm near the axilla.
6. A 3-3/4 x 1-1/4" area of contusions is in the right antecubital fossa. No intravenous catheter was present in this area.
7. A 3 x 1-3/4" area of discontinuous abrasions is on the anterior surface of the right forearm.
8. A 5-1/4 x 2-1/2" area of contusions and abrasions is on the anterior/medial surfaces of the right forearm.
9. 1/4 x 1/8" superficial abrasion is on the posterior surface of the right forearm.
10. A 1/4 x 1/8" superficial abrasion is on the anterior surface of the left leg.
11. A 1/2 x 1/4" abrasion overlies the left lateral malleolus.
12. Three superficial abrasions are on the right knee; one is 5/8" and two are 3/8" in diameter.

EXTERNAL EXAMINATION:

The head is normally formed. The soft tissues of the face and neck are unremarkable. The facial bones and mandible are free of palpable fractures. Neither ocular nor facial petechiae are present. The sclerae are anicteric. The conjunctivae are pale. The nose is normally formed. The nasal vestibules are clear. The lips, tongue, gums, and buccal mucosa are unremarkable. The frenula are intact. The external meati, pinnae, and mastoid regions are unexceptional.

The trachea is in the midline of the neck. The neck is neither crepitant nor excessively mobile. No palpable masses are present.

The chest and back are symmetrical and well developed. The abdomen is free of palpable organomegaly. The spine is straight.

The extremities are symmetrical and well developed. The appendicular skeleton is stable to manipulation. The hands and feet are normally formed. All the digits are present. The closely trimmed nails do not extend beyond the digit tips. The fingernail of the 5th digit of the left hand is slightly chipped. A small amount of debris is focally noted under the fingernails.

The penile foreskin is short. The testes are palpable within the scrotum. The external genitalia, perineum, and anorectal areas are normally formed. The inguinal regions and buttocks, with the exception of the previously described injuries, are unremarkable.

There is no cervical, axillary, or inguinal lymphadenopathy.

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INTERNAL EXAMINATION:

Head:

The scalp is reflected using the standard intermastoidal incision. There is no scalp trauma. The calvarium is intact. The dura is intact and free of discoloration and thickening. The base of the skull is examined after stripping the dura and is intact. The leptomeninges are thin and transparent. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1360 grams. The gyri and sulci are of normal distribution and development. There are no lesions of the cortical gray ribbon, white matter, or deep gray matter structures indicative of natural disease processes. Neither brain swelling nor herniation is noted. The normally distributed blood vessels of the circle of Willis are free of atherosclerosis and aneurysms. The substantia nigra is normally pigmented. The cerebellum, brainstem, upper cervical spinal cord, and ventricular system are normally formed. The cerebrospinal fluid is clear.

Neck:

The skin of the neck is dissected to the angle of the mandible. Focal hemorrhages are in the skeletal muscle of the anterior third of the tongue. There is no trauma of the airway or major vessels in the neck. No airway mucosal edema is present. The hyoid bone and laryngeal cartilages are intact. The epiglottis is neither inflamed nor edematous. The carotid vessels are pliable and patent. The anterior cervical spine and atlanto-occipital joint are stable to manipulation.

Chest and Abdomen:

The skin of the chest and abdomen is reflected using the usual Y-shaped incision. The subcutaneous fat is 1-1/8" in thickness at the level of the umbilicus. Removal of the sternum and chest plate reveals the previously described medical intervention, organ injuries, and fluid collections. No unusual odors or color changes are present. Examination of the organs in situ reveals normal organ morphology. The diaphragm is normally formed. The organs are removed using a modified block technique.

Cardiovascular System:

The heart weighs 460 grams and exhibits normal four-chambered anatomy. The ventricles are of normal thickness. The widely patent coronary arteries arise from their usual locations, ramify across their respective ventricles, and demonstrate right dominant distribution. The epicardium is contused. The valve leaflets, chordae tendineae, and endocardium are normally formed. The red-brown myocardium exhibits focal hemorrhages likely associated with therapeutic intervention. The aorta and its normally distributed major branches exhibit mild atherosclerosis.

Respiratory System:

The trachea, hilar structures, and major vessels are normally formed. The right and left lungs weigh 410 grams and 520 grams respectively. The pleural surfaces are smooth. The parenchyma is

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congested with the expression of blood from the cut surfaces upon compression. Neither lung displays consolidation, thrombosis, embolism, infarction, or neoplasia.

Gastrointestinal System:

The esophagus is lined by unremarkable tan-gray mucosa. The gastroesophageal junction is unremarkable. The gastric mucosa is normally rugated and the stomach contains approximately 50 mL of blood-tinged fluid. No defects are noted in the stomach. The small bowel, colon, and rectum are normally formed. The appendix is in the right lower abdominal quadrant.

Hepatobiliary System:

The liver weighs 1890 grams. The capsule is of normal thickness. The homogenous brown parenchyma is free of mass lesions. The gallbladder contains approximately 15 mL of viscous green bile. The mucosa is unremarkable. No gallstones are present. The pancreas is of normal size, has the usual lobular architecture, and free of fibrosis, hemorrhage, and fat necrosis.

Urogenital System:

The right and left kidneys weigh 150 grams and 160 grams respectively. The capsules strip with ease to reveal smooth cortical surfaces. The cut surfaces including the pyramids, pelves, calyces, and vessels are unremarkable. The ureters are of normal caliber. There are no mass lesions of the mucosa, wall, or serosa of the urinary bladder. The bladder contains scant blood-tinged fluid. The homogenous tan-white parenchyma of the small prostate gland is free of nodularity. The testes are symmetrical. The light brown parenchyma is unremarkable.

Reticuloendothelial System:

The spleen weighs 150 grams. The capsule is of normal thickness. The cut surface is dark red. The red pulp and white pulp are normally distributed. No focal lesions are present. Regional lymph nodes are unremarkable. The involuted thymus gland is replaced by adipose tissue.

Musculoskeletal System:

The skeletal muscles are symmetrical.

Endocrine System:

The symmetrical thyroid gland is of normal size. The purple parenchyma is free of nodules, hemorrhage, and cysts. The adrenal glands are of normal size and free of hemorrhage and nodularity. The pituitary gland is grossly unremarkable.

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OTHER PROCEDURES:

1. Blood is submitted to the Georgia Bureau of Investigation for toxicologic analysis. The results will be a separate report as part of the case file.
2. An air-dried blood spot card is retained in this facility. A second air-dried blood spot card is forwarded to the Georgia Bureau of Investigation.
3. Documentary and identification photographs are obtained.
4. Representative tissue sections are processed to blocks in four cassettes.
5. Serum, blood, vitreous fluid, and archival tissue samples including the hyoid bone are retained in this facility.
6. The examined organs are returned to the body cavity.
7. The projectile is forwarded to the Georgia Bureau of Investigation.

KES:sm

Dictated: 06/14/2020

Transcribed: 06/15/2020

cc: DA's Office

Pathologist:

Karen E. Sullivan MD

Karen E. Sullivan, M.D.

Date 6/19/2020

Deputy Chief Medical Examiner

Reviewed by:

Michael M. Heninger

Michael M. Heninger, M.D.

Date 6/18/2020

Associate Medical Examiner