Hamilton County Coroner

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
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HANNAH HAZEL GILLEY **CC16-01418**

OPINION

Diagnoses:

1. Multiple gunshot wounds to the head:
   a. Gunshot #1 – single, intermediate-distance, penetrating gunshot wound to the head:
      1) Entrance: Left eyeball, with skin powder tattooing
      2) Path: Eyeball and bone
      3) Projectile: Deformed lead fragment recovered from petrous portion of right temporal bone
      4) Direction of fire through body: Left to right, front to back and downward.
   b. Gunshot #2 – single, indeterminate-distance, penetrating gunshot wound to the head:
      1) Entrance: Left lateral forehead
      2) Path: Scalp, bone and brain
      3) Projectile: Deformed lead fragment recovered from right frontal lobe of brain
      4) Direction of fire through the body: Left to right.
   c. Gunshots #3 and 4 – indeterminate-distance, penetrating gunshot wounds to the head:
      1. Entrances: Left temple scalp, superior and inferior
      2. Paths: Scalp, bone and brain
      3. Projectiles: Two minute lead fragments are within temporal lobes of brain (see Other projectiles below)
      4. Direction of fire through the body: Left to right.
   d. Gunshot #5 – Single, indeterminate-distance, penetrating and perforating (keyhole) gunshot wound to the head:
      1. Entrance: Left posterior temporal scalp
      2. Path: Scalp, bone, brain, posterior cerebral arteries and brainstem
      3. Partial scalp exit: Left postero-inferior temporal scalp
      4. Projectile: Deformed lead fragment recovered from right occiput (brain)
      5. Direction of fire through the body: In general, left to right.
   e. Other projectiles:
      1) Deformed lead fragment is recovered from the skin of the left shoulder blade
      2) Deformed lead bullet recovered from a partial exit in the fractured pieces of the right fronto-temporal bone

3) Minute lead fragment recovered from the external periosteum around the skull entrance defect from bullet #2.

f. Injuries:
   1) Subgaleal hemorrhages
   2) Comminuted fractures of skull and basilar skull
   3) Right subdural hemorrhage and diffuse subarachnoid hemorrhage
   4) Brain lacerations and perforations.

2. Postmortem toxicology:
   a. Ethyl alcohol – 0.011 grams per 100 milliliters
   b. No other drugs detected.

Cause of Death: It is my opinion, based on the autopsy findings and the information available to me at the time of the autopsy that the cause of death is multiple gunshot wounds to the head.

Karen Looman, D.O.
Chief Deputy Coroner, Forensic Pathologist
Hamilton County, Ohio

7/11/2016
Date

POSTMORTEM EXAMINATION
OF THE BODY OF

HANNAH HAZEL GILLEY

A postmortem examination of the body identified by Pike County Coroner's Office as "Hannah Gilley" is performed at the Hamilton County Coroner's Office on Saturday, April 23, 2016 at 9:22 a.m. by Dr. Karen Looman. The morgue attendants are Tyrone Smith and Tony Kimble. Observing the autopsy is BCI (Ohio Bureau of Criminal Identification and Investigation) Agent William L. Jones Jr.

HISTORY:
The decedent is a 20-year-old white female who was found deceased in her home with multiple gunshot wounds.

EXTERNAL EXAMINATION
GENERAL:
The body is that of a normally developed, well-nourished, adult female who is 133 pounds, 60-inches in height, and appears appropriate for the stated age. The body is in a mild state of decomposition. The body is cool to the touch due to refrigeration. Rigor mortis is absent. Livor mortis is red and in an anterior distribution and a posterior distribution along the upper back and right torso and posterior arms except over areas exposed to pressure.

The face, anterior torso and upper extremities are covered with dried blood. The scalp hair is long and blond-brown. The ends are slightly curly. The right sclera is free of petechia, icterus or hemorrhage. The left eyeball has a bullet perforation. The irides are brown. The mouth has native dentition. The chest has a normal anteroposterior diameter without costal margin flaring. There is a mole in the right axilla. The breasts are free of palpable masses. The abdomen is slightly distended. There is a piercing of the superior umbilicus. The external genitalia are normal for an adult female. The pubic hair consists of brown stubble. The spine is straight. The pelvis is stable to manipulation. The extremities are not edematous and have no dysmorphic features. The fingernails and toenails have alternating sparkling aqua blue and maroon nail polish. The right 3rd and 4th fingers have pale areas from rings. On the right great toe is an identification tag with the name "Hannah Gilley" and "BCI CS0440".

CLOTHING/PERSONAL EFFECTS:
The body is dressed in a pair of red shorts and a white nursing bra. The bra is soaked with blood. A pink stone earring stud is in the right ear and is left on the body. There is a black rubber band on the right wrist.

SCARS/TATTOOS:
There are no scars or tattoos identified.

MARKS OF THERAPY:
None.

EVIDENCE OF INJURY:

There are multiple gunshot wounds to the head, five, with three deformed lead bullets and approximately six lead fragments recovered. The gunshot wounds are numbered for convenience and do not indicate the order in which they were inflicted.

Gunshot wound #1 is a single, intermediate-distance, penetrating gunshot wound to the head. Entrance: Left inferolateral eyeball, consisting of a 1/8-inch round defect of the sclera with a half circle of a 1/8-inch wide dried black abrasion collar along the left lateral lower eyelid margin and with a 1/2-inch x 1/2-inch area of red stippling along the left lateral cheek but no soot on the skin, located 4-1/4-inches from the top of the head, 1-3/4-inches left of midline and 3/4-inch posterior to the glabella. Path: Eyeball, orbital bone and bone of skull base. Projectile: Deformed lead fragment is recovered from within the middle of the petrous portion of the right temporal bone. Direction of fire through the body: Left to right, front to back and downward.

Gunshot wound #2 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Left lateral forehead, consisting of a 1/8-inch round defect with an irregular abrasion collar that is linear and 1/16-inch wide along the 9 to 12-o'clock margin and curved and 1/8-inch wide at the 5-o'clock margin, and no soot or stippling on the skin, located 2-inches from the top of the head, 2-inches left of midline and 1-1/2-inches posterior to the glabella. A faint purple contusion partially surrounds the defect. Path: Scalp, bone and brain. Projectile: A deformed lead fragment is recovered from the right frontal lobe of the brain. Direction of fire through the body: Left to right.

Gunshot wounds #3 and 4 are indeterminate-distance, penetrating gunshot wounds to the head. Entrance #3: Left temporal scalp (superior), consisting of a 1/8-inch round defect with a concentric abrasion collar and no soot or stippling on the skin, located 3-1/4-inches from the top of the head, 3-1/4-inches left of midline and 3-3/4-inches posterior to the glabella. Entrance #4: Left temporal scalp (inferior), consisting of a 1/8-inch round defect with a concentric abrasion collar which has a dried black appearance along the 5 to 7 o'clock margin, and with no soot or stippling on the skin, located 3-1/2-inches from the top of the head, 3-1/4-inches left of midline and 3-1/4-inches posterior to the glabella. Paths: Scalp, bone and brain. Projectile: Two minute lead fragments are within the temporal lobes of the brain (see Other Projectiles section below). Direction of fire through the body: Left to right.

Gunshot wound #5 is a single, indeterminate-distance, penetrating and perforating (keyhole) gunshot wound to the head. Entrance: Left posterior temporal scalp, consisting of a 1/8-inch round defect with a 1/8-inch wide eccentric abrasion collar along the 12 o'clock margin, a 1/16-inch abrasion collar along the 6 o'clock margin and no soot or stippling on the skin, located 3-1/4-inches from the top of the head, 3-1/2-inches left of midline and 5-1/4-inches posterior to the glabella. Path: Scalp, bone, brain with transection of posterior cerebral arteries and partial transection of the brainstem at the pons. Partial scalp exit: Left postero-inferior temporal scalp, consisting of a 1/4-inch stellate defect, located 1-inch below the entrance defect, 4-1/2-inches from the top of the head, 3-inches left of midline and 6-inches posterior to the glabella. This

defect perforates the scalp only from the skull entrance defect. This wound is partially surrounded by a faint purple contusion. Projectile: Deformed lead fragment is recovered from the right occiput. Direction of fire through the body: In general, left to right.

Other Projectiles:
A curved, deformed lead fragment is recovered from the surface of the skin of the left shoulder blade. A deformed lead bullet is recovered from a partial exit in the fractured pieces of the right fronto-temporal bone. A minute lead fragment is recovered from the external periosteum around the skull entrance defect from bullet #2.

Other injuries include a focal purple subcutaneous hemorrhage along the right bridge of the nose and a periorbital area of red and purple subcutaneous hemorrhage around the left eye. The left eye is collapsed. There is blood coming from both ears and dried blood is around the nose.

X-RAYS:
Films of the head and upper torso are taken.

INTERNAL EXAMINATION

The body and organs are in a mild state of decomposition.

SEROUS CAVITIES:
There are no fluid collections or adhesions within the pleura, peritoneum or pericardium.

NECK ORGANS:
There are no injuries to the strap muscles, hyoid bone or thyroid cartilage. The thyroid gland is congested and purple. Upon sectioning, there are no focal lesions. A thymic remnant is in the anterior mediastinum.

HEART:
The heart is 280 grams. The coronary arteries arise normally and are right-sided dominant. There is no coronary artery disease. The myocardium is red, firm and without scars. The septa are intact. The foramen ovale is sealed. The left ventricular wall is concentric. The valves are thin, delicate, and unremarkable.

AORTA:
The aorta is free of fatty streaks, plaques or calcifications. There is red hemolytic staining present.

LUNGS:
The right lung is 450 grams, and the left lung is 340 grams. The tracheobronchial tree has a thin layer of blood along its length. There is no obstruction present. Both lungs are normally aerated. Upon sectioning, there is mild pulmonary edema that exudes from the cut surfaces. There are no focal lesions.

LIVER AND GALLBLADDER:
The liver is 1,010 grams. The capsule is intact and covers a red-brown parenchyma. Upon sectioning, there are no focal lesions. The gallbladder contains 3 milliliters of orange-yellow bile. There are no stones in the lumen.

SPLEEN:
The spleen is 130 grams. The capsule is intact and covers a firm, dark red parenchyma. The white pulp is easily visualized and is unremarkable.

PANCREAS:
The pancreas has mild decomposition changes. It has a congested, brown, lobulated architecture without focal lesions.

ADRENAL GLANDS:
The glands are friable due to decomposition but have yellow cortices and tan medullae without focal lesions.

GASTROINTESTINAL TRACT:
The tongue is atraumatic. The esophagus is patent. The gastroesophageal junction and gastric mucosa are autolytic. There are no rugal folds present. The stomach contains 400 milliliters of tan, granular fluid. The small and large intestines are distended with gas. The appendix is present.

KIDNEYS:
The right kidney is 90 grams, and the left kidney is 120 grams. Both capsules strip with ease from each smooth cortical surface. Upon bisection, the calyces are patent and free of stones or hydronephrosis.

BLADDER:
The bladder contains 200 milliliters of clear, yellow urine. The mucosa is light tan and unremarkable.

GENITALIA/MAMMARY GLANDS:
The uterus, Fallopian tubes and ovaries are present. The uterus is slightly enlarged. There are no leiomyomata present. Upon bisection, the serosa and myometrium are pink. The endometrium has a grey lining but the surface of the endometrium is free of lesions, hemorrhage or products of conception. The cervix is unremarkable. The Fallopian tubes are purple and uninterrupted. The ovaries are soft, boggy and have normal follicles. The breasts are firm but free of lesions. The parenchyma is pink and lobulated with lactating ducts.

BRAIN AND MENINGES:
The brain is 1,220 grams. The brain is soft from decomposition with a diffuse red-gray appearance. There is no epidural hemorrhage present. There is a thin layer of subdural hemorrhage along the right hemisphere. There is scant diffuse subarachnoid hemorrhage present. There is a bullet perforation extending across both frontal lobes. There is a bullet perforation extending from the left lateral parietal lobe into the right occiput. Minute lead fragments are along bullet paths through the frontal lobes. The leptomeninges have been perforated by the bullets but are thin and free of purulent exudate. The posterior cerebral arteries are transected due to inferior right and left occipital lobe lacerations. The rest of the cranial nerves and vessels are unremarkable. Upon sectioning, the cortical ribbon is thin and even. There are no other lesions within the white matter or deep gray nuclei. The brain stem is partially transected at the level of the pons. The pons has hemorrhagic streaks within it. The medulla and proximal spinal cord are atraumatic. The cerebellum has no focal lesions.

SKULL AND SUBGALEA:
The skull has a bullet perforation through the left frontal bone. There is a small lead fragment recovered from the superior aspect of this defect. There are two round bullet defects within the left lateral temporal bone that conjoin to form a #8 appearance. There is gray material consistent with bullet wipe on the external margin of the defect. There is a bullet perforation through the left posteroinferior temporal bone with gray material consistent with bullet wipe on the external margins of the defect. The left orbital plate of the basilar skull has a large bullet entrance defect in to the calvarium with radiating fractures to the frontal bone and left temporal bone. The right anterior and middle cranial fossa and temporal bones have fractures. A hinge fracture is across both petrous portions of the temporal bones and sella turcica. There is a lead bullet fragment recovered within the mid right petrous portion of the temporal bone. A partial exit defect within the comminuted pieces of the fractured frontotemporal bone contains a deformed lead fragment. The left lateral frontal scalp has purple subgaleal hemorrhage. Red subgaleal hemorrhage is around each entrance defect of the left temporal and parietal skull bones.

RIBS/STERNUM:
The ribs and sternum are atraumatic and within normal limits.

VERTEBRAE:
The vertebrae are atraumatic and within normal limits.

PELVIS:
The pelvis is atraumatic and within normal limits.

EXTREMITIES:
The extremities have nail polish and personal effects as previously described.

MICROSCOPIC EXAMINATION

Gunshot entrance #2 (Slide 1): Section of hair-bearing skin without epidermis. Disrupted skin with intradermal hemorrhage, bone fragments and black particles of debris.

LABORATORY EXAMINATION

Laboratory examinations were ordered, and the results are attached.

07/07/2016 njb

HAMILTON COUNTY CRIME LABORATORY

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ANAB ACCREDITED ISO/IEC 17025 FORENSIC TESTING LABORATORY

TOXICOLOGY REPORT

SUBJECT NAME(S):	Gilley, Hannah	**FILE #:**	CC16-01418
SUBMITTING AGENCY:	Pike County Coroner	**DATE REPORTED:**	05/20/2016

RESULTS:

Headspace Gas Chromatography:

Item #	Specimen	Results	Concentration
1-1	Peripheral blood - A	Ethyl Alcohol	0.011 g/100 mL

Immunoassay Screen (ELISA) **Presumptive:**

ELISA Screen: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids, Carisoprodol, Cocaine/Metabolites, Fentanyl, Methadone, Methamphetamine, Opiates, Oxycodone, Tramadol, Tricyclic Antidepressants, Zolpidem.

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - B	Negative	

General Drug Screen (GCMS*):

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - B	No Drugs Detected	

* Gas Chromatography / Mass Spectrometry

Rachel M Hamilton

Rachel M. Hamilton
Toxicologist