



**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**



**Office of the Medical Examiner
Autopsy Report**

Case: IFS-17-13711 - CC

Decedent: Bradley, Kerry Demars 37 years Black Male DOB: 01/12/1980

Date of Death: 08/01/2017 (Actual)

Time of Death: 10:52 AM (Actual)

Examination Performed: 08/02/2017 08:00 AM

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Body Weight: 199 lbs BMI: 29.38

Body Length: 69 in

ORGAN WEIGHTS:

Brain: 1,300 g	Right Lung: 450 g	Right Kidney: 110 g
Heart: 390 g	Left Lung: 360 g	Left Kidney: 110 g
Liver: 1,280 g	Spleen: 60 g	

This autopsy is performed at the request of Walter H. "Pete" Peterson, Justice of the Peace, Precinct 1, Place 2, McLennan County, Texas.

EXTERNAL EXAMINATION

The body is photographed, fingerprinted, palm printed, x-rayed and tagged. When first viewed, the hands are bagged. The x-rays reveal metallic fragments in the head, trunk, and right upper extremity.

The body is received resting on a cut away white T-shirt. There as no personal effects or jewelry.

The body is that of a well-developed, well-nourished black man whose appearance is compatible with the stated age of 37 years. The body weighs 199 pounds and is 69 inches long. The body is cool, rigor is fully developed, and the posterior lividity is fixed. The body is well-preserved and is not embalmed.

The scalp hair is short, dark brown, and curly with a circular focus of alopecia in the left temporal scalp. The irides are brown and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose and lips are normally formed. The teeth are natural and in good condition with yellow metal restorations of the upper incisors. There is a short gray-brown mustache and goatee. The neck is normally formed. The chest and breasts are symmetrical. The abdomen is flat. The external genitalia are those of an adult man. The anus and perineum are unremarkable. The back and buttocks are normally formed. The extremities are well-developed and symmetrical.



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EVIDENCE OF THERAPY

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Defibrillator pads are adherent to the trunk. EKG pads are on the trunk and extremities. An intraosseous catheter is in the right leg.

IDENTIFYING MARKS AND SCARS

Tattoos are on the left and right sides of the back, the left and right sides of the chest, the abdomen, the left and right arms, and the left and right forearms. Irregular scars are scattered over the anterior left and right knees.

EVIDENCE OF INJURY

MULTIPLE GUNSHOT WOUNDS

1. Gunshot wound of right side of posterior right side of head:

There is a gunshot wound of entrance of the posterior right side of the head, within the scalp, located 2-1/2 inches below the top of the head and 2-1/2 inches to the right of the posterior midline. The entrance wound is circular, measures 1/2 inch in diameter and is surrounded by a circumferential, slightly irregular up to 1/8 inch marginal abrasion. No cutaneous firearm residue is appreciated.

After perforating the skin and subcutaneous tissue, the bullet perforates the right parietal bone with internal beveling and the dura before penetrating the right parietal lobe. Multiple minute lead and bone fragments are recovered within the white matter of the right parietal lobe. The lead fragments are photographed, sealed in an appropriately labeled envelope and submitted to the evidence registrar.

Associated with this wound, a film of subdural hemorrhage overlies the right cerebral convexity. Subarachnoid hemorrhage is over the right convexity and right temporal pole. Serial sectioning of the brain reveals hemorrhage and pulpefication of the wound track and contusions of the crests of the gyri of the lateral right parietal and inferior right temporal lobes.

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

2. Gunshot wound of right side of face:

There is a gunshot wound of entrance of the right side of the face immediately anterior to the right ear, centered 4 inches below the top of the head and 1-1/2 inch immediately anterior to the superior attachment of the pinna of the right ear. The wound is markedly irregular, circular, and measures 7/8 inch in diameter. There is a 1/16 inch marginal abrasion clockwise from 12 to 3 o'clock. There is no firearm residue.

After perforating the skin and subcutaneous tissue, the bullet perforates the right temporal and sphenoid bones and comes to rest in the posterior right orbital soft tissue where a markedly deformed, copper fragment is recovered. It is photographed, sealed in an appropriately labeled envelope and submitted to the evidence registrar.



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Associated with this wound, the wound track is hemorrhagic and pulpefied. A linear skull fracture involves the left and right sides of the middle cranial fossa and the sella turcica. Associated with gunshot wounds #2 and 3, there are multiple irregular abrasions and lacerations of the right side of the forehead, lateral to the right eye, on the right cheek, on the right side of the neck, and on the right side of the chin. Many of these contain glass fragments or metallic fragments.

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

3. Gunshot wound of right angle of mandible:

There is a gunshot wound of entrance of the right side of the face at the right angle of the mandible, centered 7-1/2 inches below the top of the head and 1-1/2 inch inferior to an 1 inch anterior to the inferior attachment of the pinna of the right ear. The wound is a gaping, irregular stellate defect. Re-approximation of the margins reveals a central, roughly circular, 1/4 inch defect with and indistinct marginal abrasion and tears radiating from the wound edge. There is no firearm residue.

After perforating the skin and subcutaneous tissue, the bullet perforates and fractures the right side of the mandible and courses through the floor of the mouth. An irregular lead fragment is recovered from the left submandibular soft tissue. It is photographed, sealed in an appropriately labeled envelope, and submitted to the evidence registrar.

Associated with this wound, the wound track is hemorrhagic. Associated with gunshot wounds #2 and 3, there are multiple irregular abrasions and lacerations of the right side of the forehead, lateral to the right eye, on the right cheek, on the right side of the neck, and on the right side of the chin. Many of these contain glass fragments or metallic fragments.

The directions of the bullet are right to left, with no up or down or back to front deviation.

4. Gunshot wound of superior-most right shoulder/upper back:

There is a gunshot wound of entrance of the superior-most right shoulder/upper back, located 6-1/2 inches below the top of the head and 4 inches to the right of the posterior midline. The entrance wound is circular, measures 3/8 inch in diameter, and has a circumferential 1/8 inch marginal abrasion. There is no firearm residue.

After perforating the skin and subcutaneous tissue, a lead core is recovered from the subcutaneous tissue immediately superior to the right clavicle. It is deep to a 1/4 inch contused laceration, located 9-1/2 inches below the top of the head and 5 inch to the right of the anterior midline. The lead core is small caliber and has an appreciable base which is inscribed "JU". The core is photographed, sealed in an appropriately labeled envelope and submitted to the evidence registrar.

Associated with this wound, the wound track is hemorrhagic and pulpefied.

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

5. Gunshot wound of left side of the back:

There is a gunshot wound of entrance of the left side of the back, located 11 inches below the top of the head and 3 inches to the left of the posterior midline. The entrance wound is a gaping irregular oval which measures 1 inch in maximum dimension. It has an irregular circumferential marginal abrasion which measures up to 1/8 inch and is free of firearm residue.



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After perforating the skin and subcutaneous tissue, the bullet perforates and fractures the posterior right fourth and fifth ribs, the upper and lower lobes of the left lung, the pericardial sac, the posterior left ventricular free wall of the heart and the interventricular septum before penetrating the anterior right ventricular free wall. A small caliber copper jacket is recovered from the left lung and two lead fragments are recovered from the right ventricular free wall. The base of the jacket is inscribed "JU". The jacket and lead fragments are photographed, sealed in an appropriately labeled envelope, and submitted to the evidence registrar.

Associated with this wound, the wound track is hemorrhagic and pulped. The left pleural cavity contains 1500 mL of liquid and clotted blood and the pericardial sac contains 200 mL of liquid and clotted blood.

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

The entrance defect for gunshot wound #5 is atypical and two large lead fragments are recovered from the wound track; this may represent two gunshot wounds with a shared entrance wound and shared path.

6. Gunshot wound of lateral proximal right arm:

There is a circular gunshot wound of entrance on the lateral proximal right arm, located 11 inches below the top of the head and 1 inch posterior to the lateral midline of the right arm. It is circular, measures 1/4 inch in diameter and is surrounded by a 1/8 inch marginal abrasion. There is no firearm residue.

After perforating the skin, a copper jacket fragment penetrates the subcutaneous fat and superficial musculature. It is photographed, sealed in an appropriately labeled envelope, and submitted to the evidence registrar.

Additionally, multiple irregular circular and linear superficial penetrating wounds are located inferior and anterior to this wound. These wounds measure up to 1/4 inch. They extend into the dermis and subcutaneous fat, with corresponding small radio-opaque fragments visible on x-ray.

The direction of the projectiles is right to left.

Additional associated injuries:

Numerous small, superficial, penetrating, roughly circular defects varying in diameter from 1/8 to 1/4 inch are scattered over the right arm, the right forearm, the right side of the trunk, and the posterior left hand. Many of these contain small metallic or glass fragments. Additionally, multiple superficial linear lacerations are on the right side of the abdomen. These defects are all consistent with secondary projectiles resulting from an interposed target.

BLUNT FORCE INJURIES

The left cheek has a 1/2 inch abrasion. The left angle of the mandible has a 1/8 inch laceration. The base of the posterior neck has a linear abrasion. Small abrasions are scattered over the anterior legs and posterior right foot.



INTERNAL EXAMINATION

BODY CAVITIES: See previous description. The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions.

HEAD: See previous description. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. With the exception of the previously described injuries, sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

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

CARDIOVASCULAR SYSTEM: See previous description. The intimal surface of the abdominal aorta is involved by minimal atherosclerosis. The aorta and 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 coronary arterial system is free of significant atherosclerosis. The atrial septum is 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, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 mL of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 100 mL of tan fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

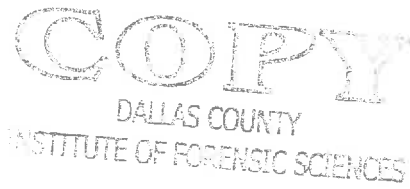
GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 20 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. The diaphragm is intact.





TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from Forensic Pathology:

- 005: Biohazard Bag
- 005-001: Blood, femoral - gray top tube
- 005-002: Urine - red top tube
- 005-003: Vitreous - red top tube
- 005-004: Skeletal muscle - plastic tube
- 005-005: Blood, subclavian - gray top tube
- 005-006: Blood, subclavian - gray top tube
- 005-007: Blood, subclavian - gray top tube
- 005-008: Blood, subclavian - red top tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (Item# 005-007)

Alcohols/Acetone (GC)
negative (Item# 005-001)

Alkaline Screen (GC/MS)
negative (Item# 005-005)

Marihuana/Cannabinoids (LC/MS)
tetrahydrocannabinol: 19.5 ng/mL (Item# 005-001)
carboxytetrahydrocannabinol: 39.3 ng/mL (Item# 005-001)

Vitreous

Alcohols/Acetone (GC)
negative (Item# 005-003)

SEROLOGY:

Hep B core antibody	Negative	Performing Laboratory ViroMed-LabCorp
Hep B surface antigen	Negative	ViroMed-LabCorp
HIV1/HIV2	Negative	ViroMed-LabCorp
Syphilis (T pallidum IgG)	Nonreactive	ViroMed-LabCorp
Hep C antibody	Negative	ViroMed-LabCorp





FINDINGS:

1. Multiple gunshot wounds:

a. Gunshot wound of posterior right side of head (gunshot wound #1):

- 1) Entrance: posterior right side of head.
- 2) Path: perforation of skull and penetration of brain.
- 3) Recovery: lead fragments recovered from wound track.
- 4) Direction: back to front.
- 5) Range of fire: no firearm residue on skin.

b. Gunshot wound of right side of face (gunshot wound #2):

- 1) Entrance: right side of face anterior to right ear.
- 2) Path: perforation of skull.
- 3) Recovery: copper jacket fragment recovered from the soft tissue of the posterior right orbit.
- 4) Directions: right to left and back to front.
- 5) Range of fire: no firearm residue on skin.

c. Gunshot wound of right angle of mandible (gunshot wound #3):

- 1) Entrance: right side of face at right angle of mandible.
- 2) Path: perforation of mandible and floor of mouth.
- 3) Recovery: lead fragment recovered from left submandibular soft tissue.
- 4) Direction: right to left.
- 5) Range of fire: no firearm residue on skin.

d. Gunshot wound of superior-most right shoulder/upper back (gunshot wound #4):

- 1) Entrance: superior right shoulder/upper back.
- 2) Path: perforation of soft tissue of right shoulder.
- 3) Recovery: small caliber lead core recovered from subcutaneous tissue superior to right clavicle.
- 4) Directions: back to front, slightly upward, and slightly left to right.
- 5) Range of fire: no firearm residue on skin.

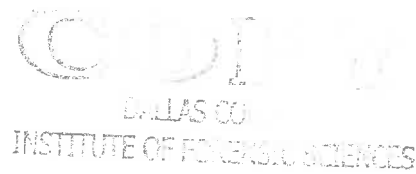
e. Gunshot wound of left side of back (gunshot wound #5):

- 1) Entrance: left side of back.
- 2) Path: perforation of left fourth and fifth ribs and left lung and penetration of heart.
- 3) Recovery: small caliber copper jacket recovered from the left lung and two lead fragments recovered from right ventricle of heart.
- 4) Directions: back to front, left to right, and slightly downward.
- 5) Range of fire: no firearm residue on skin.

f. Gunshot wound of lateral proximal right arm (gunshot wound #6):

- 1) Entrance: discrete circular entrance wound of lateral proximal right arm with multiple additional superficial penetrating defects of right arm.
- 2) Path: penetration of subcutaneous tissue.





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- 3) Recovery: copper jacket fragment recovered from subcutaneous tissue of right arm.
- 4) Direction: right to left.
- 5) Range of fire: no firearm residue on skin.

2. By history, the decedent was shot by police after resisting being served a warrant. He was in his vehicle when he was shot.

CONCLUSIONS:

It is our opinion that Kerry Demars Bradley, a 37-year-old black man, died as a result of multiple gunshot wounds.

MANNER OF DEATH: Homicide

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Medical Examiner

09/13/2017

Candace Schoppe, M.D.
Medical Examiner

09/13/2017

Chester S Gwin, M.D.
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Janis K Townsend-Parchman, M.D.
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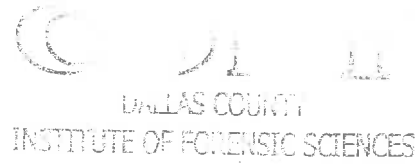
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Medical Examiner

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09/12/2017

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Stephen M. Hastings, M.D.
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Reade A Quinton, M.D.
Deputy Chief Medical Examiner

Handwritten signature of Jeffrey J. Barnard in black ink.

09/18/2017

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

