



**Merced County Sheriff's Office
Coroner Division**

455 East 13th Street
Merced, CA 95341-6213

Vernon H. Warnke
Sheriff-Coroner

Mark A. Super, MD
Forensic Pathologist

REPORT OF AUTOPSY

AUTOPSY

EXTERNAL EXAMINATION

DECEDENT: FUENTES, RENE BENJAMIN **CORONER CASE #:** 23 – 16767
DATE/TIME OF DEATH: 04/25/2023 @ 15:17 **INVESTIGATOR:** L. Garcia-Mendoza
DATE OF EXAMINATION: 04/27/2023 **TIME OF EXAM:** 13:45
AGE: 33 **SEX:** Male **HEIGHT:** 67 in. **WEIGHT:** 150 lb.

AUTOPSY FINDINGS

1. Perforating intraoral gunshot wound:
 - a. Entrance wound, roof of mouth.
 - b. Perforation of basilar skull.
 - c. Perforation of brain.
 - d. Perforation of left upper parietal skull.
 - e. Secondary fractures of calvarium and basilar skull.
 - f. Exit wound, scalp at top of head.
 - g. No projectile is recovered.
 - h. Wound path: upward, front to back and very slightly right to left.
2. Gunshot graze wound of left palm.
 - a. 2.5 cm long graze wound.
 - b. Status post closure by interrupted sutures.
 - c. Wound path: straight distal to proximal and lateral to medial.
3. Heavy edematous lungs with massive agonal aspiration of blood.
4. Postmortem toxicology: elevated blood levels of cocaine + metabolites; therapeutic blood levels of hydrocodone and alprazolam; subtherapeutic blood level of the resuscitation medication lidocaine; negative for ethanol.

CAUSE OF DEATH: Intraoral gunshot wound.

Date

7-12-23


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WITNESSES:

Detective D. Ramirez, MCSO.
DA Investigators S. Lopez and R. Davis, Merced DA's Office.
Deputy Coroners L. Garcia-Mendoza and E. De Haro Silva, MCSO.

AUTOPSY ASSISTANTS:

Deputy Coroners L. Garcia-Mendoza and E. De Haro Silva.

IDENTIFICATION:

The body is received encased in a white plastic body bag that is not locked. A coroner's ID bar code sticker is attached to the outside of the bag, labeled with the subject's name and case number.

Photographs will be taken of the decedent and fingerprints will be obtained.

CLOTHING:

The following clothing items are on or about the body.

1. Black low-top athletic shoes. Drop-like bloodstains and small fragments of tissue are adhered to the tops of both shoes. No defects.
2. Black calf length crew socks. A wear hole is on the right sock. Small apparent tissue stains are on the top of the left sock.
3. An inner pair of black half socks are in place. No significant stains or defects.
4. Black gym shorts that have a red stripe down the sides and an Adidas logo on the front. Apparent bloodstains are on the front along with tiny fragments of adhered tissue on the anterior right pant leg. No gunshot defects. In the left front pocket is .07 cents in change.
5. Gray boxer shorts are in place. These are moisture stained at the crotch and focally bloodstained there. The seat area is blood-soaked. No gunshot defects.
6. A white undershirt is in place. A large trail of dry bloodstains extends from the anterior collar down the right front. The back is blood-soaked. Other areas have fine spray type bloodstains. No gunshot defects.
7. A bracelet encircles the right wrist composed of large round brown beads.
8. A hospital-type ID bracelet encircles the left wrist, labeled with the subject's name.
9. The left hand is wrapped in rolled gauze. This bandage is blood-soaked. The gauze is covering a yellow medicated bandage over a wound on the left hypothenar eminence that will be described below.

EXTERNAL EXAMINATION

The clothed, unembalmed body is that of a normally developed, adequately nourished, Hispanic male, who appears consistent with reported age of 33 years. The body measures 67 inches long and weighs 150 pounds after removal of clothing. Rigor mortis is fully developed in the cold body. Lividity is faint and posterior except over pressure points. Large amounts of dried blood forms rivulets that exit the nose or mouth coursing across the head in all directions especially on the right side. Horizontal rivulets of dried blood course across both lower sides of the face and neck. Dried blood is in the left ear. Small bloodstains are on the right thumb. Droplet-type dried bloodstains are on both thighs and the anterior left lower leg. No soot is evident on the hands.

The scalp hair is black and wavy, but cropped short, averaging approximately 2 cm on top, shorter on the sides. Facial hair consists of a short black mustache and soul patch and a short growth of dark whiskers elsewhere on the face. The irides are brown and the corneas are clear. The sclerae and conjunctivae are unremarkable. No scleral hemorrhages or conjunctival petechiae. No periorbital cutaneous petechiae. The periorbital soft tissues are darkened. Blood is in the nose, mouth and exits both ears. The nasal skeleton and facial bones are palpably intact. The lips are uninjured. The teeth are natural and in fair condition. A gunshot wound is in the roof of the mouth that is described below. Each earlobe is remotely pierced once.

The neck is stable and symmetric. No marks on the neck.

The chest is stable and symmetric. No palpable subcutaneous emphysema. Monochromatic tattoos cover the upper chest depicting doves on both lateral pectoral areas, a rosary on the anterior mid chest, the name JACOBA over the sternum, the date 7/25/1915 on the right pectoral area, and the date 3/23/2012 on the left pectoral area. The chest is stable and symmetric, no palpable subcutaneous emphysema. The abdomen is mildly scaphoid and soft. There is

evidence that anterior body hair has been shaved, with short regrowth. The external genitalia are those of an uncircumcised adult male with bilaterally descended testes.

The extremities are symmetric, without angularity or deformity. The fingernails are soiled, but uninjured and extend to the fingertips. No clubbing of the digits. No hesitation type scars on the wrists. Tattoos on the right arm include the letter L on the dorsal wrist, a man's head above the name BENJAMIN FUENTES 2.21.68-11.9.19, 624; the name MARIE on the lower biceps area, 2 5-pointed stars on the lateral upper arm near the elbow; a koi fish and a cannabis leaf on the biceps area; and the name BENJAMIN on the lateral upper arm near the elbow; the number 1990 on dorsal fingers. Tattoos on the left arm include: the number 209 and the letters E R on the dorsal left fingers; the number 95334 on the ulnar border of the hand (the 3's all have slashes through them like dollar signs); a dot tattoo on the dorsal hand between the thumb and index finger; the phrase NO LOVE on the dorsal thumb; the letter N with 4 dots on the dorsal wrist; the name BABOO on the proximal dorsal forearm; baby's footprints beneath the name MILANIA and above the date 9/27/13 on the ventral forearm; the name JEAN PIERRE on the lower biceps area below several oriental characters; 2 5-pointed stars on the lateral upper arm, more oriental characters on the posterior upper arm above the name CHERILLE on the posterior upper arm near the elbow; a polychromatic geometric design over the shoulder area. No needle tracks. The legs show no evidence of peripheral edema. The toenails are not dystrophic.

The posterior torso and anus are unremarkable.

EXTERNAL EVIDENCE OF INJURY:

Gunshot graze wound of left hand: On the hypothenar eminence of the left hand is an obliquely-oriented gunshot graze wound, 2.5 cm long x up to 0.6 cm wide. Tears along the edges point laterally while the tags point backward towards the thumb. There are fine stippled black marks along the medial edge. The wound extends through skin and into muscle. The path of the wound is oriented anatomically distal to proximal and lateral to medial.

Perforating intraoral gunshot wound: At the roof of the mouth, at the border of the hard and soft palate is a gunshot wound of entrance consisting of a stellate laceration, approximately 2 cm in greatest dimension. The mucosa forming the edges of the tear are covered by heavy soot deposition. The wound path perforates the roof of the mouth and enters the base of the skull through large gaping ovoid defect incorporating the sella turcica and orbital roofs posterior to the cribriform plate in the mid line, approximately 1.5 cm in diameter. Secondary fractures involve the rest of the basilar skull. The wound path perforates the brain from inferior to superior, lacerating the pons and the peri sagittal portions of both cerebral hemispheres, perforating the basil ganglia bilaterally. The wound path perforates the ventricular system. The wound path then impacts the top of the skull where there is a defect surrounded by comminuted fractures that exhibit external beveling. The wound path then exits the top of the scalp through a 2.5 x 3 cm stellate laceration situated 1.5 cm to the left of midline, 16.5 cm above the level of the left external auditory canal. There is fresh hemorrhage in the subscapular soft tissues and subdural hemorrhage over the entire right side of the brain. No projectile is recovered. The path of the wound is oriented upward, front to back at approximately 20-30 degrees, and very slightly right to left at approximately 10 degrees. A tiny fragment of lead colored metal is found in the subscapular soft tissues around the exit hole. This is retained.

INTERNAL EXAMINATION

HEAD:

See above under "Evidence of Injury". The scalp is reflected after making the usual intermastoid incision and reveals subscapular subgaleal hemorrhage over the top of the head due to the perforating gunshot wound described above. Secondary comminuted fractures involve the calvarium and basilar skull. No epidural or subdural hemorrhage. A thin layer of subdural clot covers the right side of the brain and there is near generalized acute subarachnoid hemorrhage. The brain weighs 1225 grams and is of the usual configuration covered by glistening, transparent leptomeninges with bloody cerebrospinal fluid. The vessels at the base of the brain are obliterated by gunshot. No evidence of coning or herniation. Remote traumatic or nontraumatic abnormalities are not noted on serial coronal sectioning in the fresh state. The wound path through the brain is ragged and hemorrhagic. No secondary cortical contusion hemorrhages are seen. The ventricles are symmetric and contain coagulated blood. No nontraumatic lesions are seen in the mid-brain, brainstem or cerebellum. The wound path lacerates the medial inferior aspects of both temporal lobes such that the Ammon's horns of the hippocampal gyri are destroyed. No nontraumatic lesions are seen in the mid brain, brainstem or cerebellum. The atlanto-occipital membrane is intact.

NECK:

The hyoid bone and laryngeal cartilages are intact, with immobile joints. The larynx and trachea are unobstructed and lined by pink-tan mucosa covered by a thick layer of aspirated liquid and coagulated blood which fills both mainstem bronchi. No laryngeal mucosal edema. No anterior cervical soft tissue hemorrhage. The cervical spine is intact. No anterior prevertebral fascia hemorrhage.

BODY CAVITIES:

The body cavities are entered in the usual manner. Testing for free air in the pleural cavities is negative. All cavities are free of excess or abnormal fluid accumulations or adhesions. The organs are in their usual anatomic locations. The lungs are expanded. Serosal surfaces are generally smooth and glistening.

CARDIOVASCULAR SYSTEM:

The heart weighs 275 grams and is of the usual configuration covered by a smooth glistening epicardium. No epicardial petechiae. Serial sections show firm red-brown fibrillar myocardium without recent or remote infarcts. The heart walls are not thickened. The endocardium is thin and translucent. The heart valves are normally formed, pliable and intact. No vegetations. The coronary ostia are in their usual locations and are patent. The coronary circulation is left dominant. The coronary arteries exhibit minimal atherosclerosis and are patent throughout, without thrombosis. The aorta is intact and exhibits minimal atherosclerosis. No complicated plaques or aneurysm. The vena cava and pulmonary arteries are free of antemortem thrombus. The heart and great vessels contain residual blood with a few postmortem clots.

RESPIRATORY SYSTEM:

The lung weights are: Right – 640 grams; Left – 560 grams. The pleural surfaces are smooth and glistening, and the lungs exhibit the usual lobation with mild anthracotic pigmentation. There is bilateral dependent congestion. Serial sections show prominent agonal aspiration of blood such that the dependent portions of both lungs are literally filled with intrapulmonary hemorrhage whereas nondependent areas show a splotchy checkerboard pattern of intrapulmonary hemorrhages. No focal intrapulmonary lesions. Specifically, no gross pneumonic consolidation. The tracheobronchial tree is literally filled with aspirated coagulated blood. Also, in left lung airways are fragments of aspirated gastric material. Aspirated blood extends well out into the periphery of both lungs. No endobronchial mass lesions.

LIVER AND PANCREAS:

The liver weighs 1300 grams and is covered by a smooth intact capsular surface with sharp anterior margins. Sections show firm red-brown cut surfaces that display the usual lobular architecture. No focal intraparenchymal lesions. I can easily pass my thumb through 2 cm thick sections. The gallbladder contains approximately 10 ml of thin green-brown bile and the gallbladder mucosa is unremarkable. The bile passages appear patent. No stones. No portal lymphadenopathy. The pancreas is pale and softened, but free of antemortem fat necrosis, fibrosis or hemorrhages.

GASTROINTESTINAL SYSTEM:

The tongue is without evident injury. No definite soot deposition is visible on the surface of the tongue. The pharynx is unobstructed. The gunshot entrance wound is at the entry to the hypopharynx. The esophagus is intact and lined by unremarkable gray-tan mucosa, but contains agonal ingested coagulated blood. The stomach, however, is free of ingested blood. The stomach contains 300 ml of pale brown-tan thin mucoid fluid with admixed fragmented food material much of which are chunks of pale meat that looks like chicken. No pill material or peculiar scent. The gastric mucosa is intact and pale tan, without ulcers or masses. The duodenum and the remainder of the small and large bowels are without evident mucosal abnormality. The colon contains soft formed green-brown feces and is free of blood. No colonic ulcers, hemorrhages or masses. The appendix is present.

SPLEEN AND LYMPH NODES:

The spleen weighs 110 grams and is covered by an intact blue-gray capsule. Sections show firm, pale red-brown parenchyma without focal lesions. No enlargement of mediastinal, lung hilar, mesenteric or para-aortic lymph nodes.

ENDOCRINE SYSTEM:

The adrenal glands have the usual thin golden-yellow cortices surrounding thin red medullary centers. No cortical masses or medullary hemorrhages. The thyroid gland is of the usual size, shape and consistency. No thyroid cysts or masses. The pituitary gland is unremarkable.

UROGENITAL SYSTEM:

The kidneys are of similar size and shape each weighing 110 grams. The capsules strip with ease to reveal smooth cortical surfaces. Sections show uniform cortical thickness with distinct cortico-medullary junctions. The calices, pelves and ureters are unremarkable. The bladder contains 225 ml of clear straw-colored urine. The bladder mucosa is unremarkable. The prostate gland is not enlarged.

MUSCULOSKELETAL SYSTEM:

The red-brown muscle is firm and without focal lesions. No visible or palpable fractures of the bony thorax, vertebral column, pelvis or long bones of the extremities. The abdominal fat averages 2.5 cm in thickness.

TOXICOLOGY:

Samples of peripheral blood, urine and vitreous humor are retained.

HISTOLOGY:

None. Sections of all major viscera are retained in stock.

PHOTOGRAPHS:

Digital photographs are obtained of external and some internal findings.

X-RAYS:

Total body x-rays are obtained. These reveal comminuted skull fractures and a few tiny metallic fragments at the top of the skull. 1 of these was able to be recovered.

EVIDENCE:

DNA blood spot cards are obtained.

END: 15:30.

MAS/rb