

Luis A. Sanchez, M.D.
Chief Medical Examiner



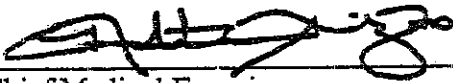
(713) 796-9292
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JOSEPH A. JACHIMCZYK FORENSIC CENTER

STATE OF TEXAS §
 §
COUNTY OF HARRIS §


I, Luis A. Sanchez, M.D., Chief Medical Examiner of Harris County, do hereby certify that the attached autopsy report and toxicology report (where applicable) represent a true and correct copy of the Autopsy/External Examination findings on the body of Justin Hocker, Case # ML06-1947

Witness my hand in Harris County, Texas, this 11th day of August, 2006

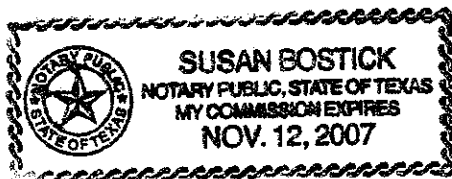


Chief Medical Examiner
Harris County, Texas

Subscribed and sworn to before me this 11th day of August, 2006



Notary Public, Harris County, Texas



Luis A. Sanchez, M.D.
Chief Medical Examiner



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AUTOPSY REPORT

Case No. ML 2006-1947

June 26, 2006

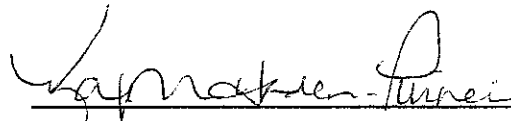
ON THE BODY OF

Justin Hocker
340 Forest Hills
League City, Texas

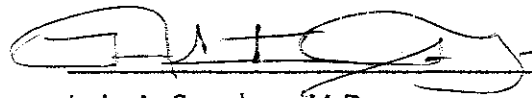
CAUSE OF DEATH: Multiple gunshot wounds of the torso and left arm

MANNER OF DEATH: Homicide

DATE OF DEATH: June 25, 2006


Kathryn Haden-Pinneri, M.D. 7/3/06
Assistant Medical Examiner MMDDYY

Reviewed by:


Luis A. Sanchez, M.D. 07-03-06
Chief Medical Examiner MMDDYY

POSTMORTEM EXAMINATION ON THE BODY OF

Justin Hocker
340 Forest Hills
League City, Texas

HISTORY: This white male, positively identified by fingerprint comparison as 24 year old Justin Hocker, was pronounced dead at 2082 Harland, Houston, Texas at 11:59 a.m. on June 25, 2006.

AUTOPSY: The autopsy is performed in the Joseph A. Jachimczyk Forensic Center of Harris County by Assistant Medical Examiner Kathryn Haden-Pinneri, M.D., pursuant to Article 49.25, Texas Code of Criminal Procedure, beginning at 12:20 p.m., on June 26, 2006.

CLOTHING AND PERSONAL EFFECTS: When first viewed, the body is wearing a red short-sleeved shirt, blue jeans, a black belt, white socks, a white T-shirt, plaid boxer shorts, and tennis shoes. Three defects are in the red shirt and white T-shirt. One dime is recovered from the pockets of the jeans. The clothing is retained as Evidence. The dime is released with the body. There is no jewelry.

EVIDENCE OF MEDICAL INTERVENTION: Three electrocardiogram pads are on the torso.

EXTERNAL APPEARANCE: The body is received in a white body bag and is identified by tags that encircle the left wrist and the left ankle. A Harris County Medical Examiner's Office morgue band encircles the right great toe. The hands are bagged. Photographs, fingerprints, and six radiographs are taken. The radiograph of the left arm reveals a fractured ulna. Three projectiles are identified in the torso.

The body is that of a well developed and well nourished, average-build white male, whose appearance is compatible with the given age of 24 years. The body weighs 200 pounds and is 73 inches long. The body is cold, subsequent to refrigeration. Rigor mortis is symmetrical and fully developed. The posterior red-purple lividity blanches. The body is well-preserved and not embalmed.

The scalp hair is black, straight, and measures 1/2 inch in maximum length. The irides are hazel and there are no petechiae of the bulbar or palpebral conjunctivae. The corneas are clear. There is a moustache, beard, and soul patch. The earlobes are not pierced. The skeleton of the nose and the nasal septum are intact. The lips and frenula show no trauma. The teeth are natural and in good condition. No foreign materials are in the nose or mouth. The neck is symmetrical and passive motion fails to elicit any bony crepitus or abnormal motion. There is no palpable adenopathy.

The torso exhibits trauma, which will be described below. The chest, back, and breasts are symmetrical. The abdomen is flat. No masses are palpable through the abdominal wall. The external genitalia are those of a circumcised adult male with descended testicles.

The extremities exhibit trauma, which will be described below. The arms and legs are normally developed. The fingernails are short and have a small amount of dirt under them. The toenails are short and clean. A small amount of blood spatter is on the left hand and arm.

IDENTIFYING MARKS AND SCARS: An ovoid 3/4 inch scar is on the anterior right hip. A 1/4 inch scar is on the anterior left upper arm. A tattoo of a skull is on the lateral right upper arm. A tattoo of the name "CHRIS" is on the anterior right forearm. A tattoo of a dog's head is on the lateral left upper arm. A tattoo of the name "ISAAC" is on the anterior left forearm.

EVIDENCE OF INJURY: There are four gunshot wounds of the body, numbered 1 through 4 for description purposes only, without regard to chronological sequence or severity of injury.

I. Gunshot wound of the anterior neck/chest (GSW 1):

- A. Entrance: In the left supraclavicular region, 11-1/2 inches below the top of the head and 7/8 inch to the left of midline, is a 1/4 inch circular gunshot wound of entrance with a 3/16 inch abrasion along the 1 to 7 o'clock wound edge. There is searing of the wound edges, but no soot or stippling.

- B. Injuries: After perforating the skin and subcutaneous tissue of the left supraclavicular region, the bullet sequentially perforates the left sternocleidomastoid muscle, the posterior surfaces of the sternohyoid muscles bilaterally, the trachea and right mainstem bronchus, the brachiocephalic trunk, the right upper lobe of the lung, contuses the right middle lobe of the lung, grazes the right lower lobe of the lung, perforates the right 7th intercostal space posteriorly, fractures the right 8th rib posteriorly, and enters the right back musculature.
- C. Recovery: A moderately deformed, medium caliber, copper-jacketed bullet is recovered from the right back musculature, approximately 16-1/2 inches below the top of the head.
- D. Direction: The trajectory of the bullet is front to back, downward, and left to right.
- E. Associated injuries: One (1) liter of blood is in the right pleural cavity. Abundant aspirated blood is in both lungs. The right lung is atelectatic.

II. Gunshot wound of the chest (GSW 2):

- A. Entrance: On the anterior chest, 19-1/4 inches below the top of the head and 1 inch to the right of midline, is a 1/4 inch circular gunshot wound of entrance with a 3/8 inch abrasion along the 12 to 6 o'clock wound edges. There is no soot or stippling. A 2 inch light blue contusion surrounds the wound.
- B. Injuries: After perforating the skin and subcutaneous tissue of the anterior chest, the bullet sequentially perforates the right 5th intercostal space anteriorly, fractures the right 6th rib anteriorly, perforates the right hemidiaphragm, the right lobe of the liver, the 8th intercostal space posteriorly, and penetrates the right lateral chest musculature.
- C. Recovery: A moderately deformed, medium caliber, copper-jacketed bullet is recovered from the right side of the chest, under a 3/4 inch abrasion surrounded by a purple contusion approximately 17 inches below the top of the

head. A 1/4 inch abrasion is on the adjacent right upper arm. The bullet is lightly rinsed, photographed, and submitted as Evidence in a sealed envelope.

- D. Direction: The trajectory of the bullet is left to right, front to back, and slightly upward.
- E. Associated findings: Approximately 100 milliliters of blood are around the liver. Hemorrhage is in the anterior and right lateral chest wall musculature.

III. Gunshot wound of the left side of the abdomen (GSW 3):

- A. Entrance: On the left side of the upper abdomen, 23-3/8 inches below the top of the head and 2 inches to the left of midline, is a 5/8 inch ovoid, atypical gunshot wound of entrance with a 1/2 inch dry abrasion along the 10 to 2 o'clock wound edge. A 1/8 inch abrasion extends along the 2 to 10 o'clock wound edge. A 3/16 inch laceration is just lateral to the inferior portion of the wound. The entire wound is surrounded by a 3 inch light purple contusion. There is no soot or stippling.
- B. Injuries: After perforating the skin and subcutaneous tissue of the left side of the upper abdomen, the bullet sequentially perforates the abdominal fat, the mesenteric fat three times, grazes the jejunum, and penetrates the retroperitoneal fat.
- C. Recovery: A medium caliber copper-jacket with missing fragments is recovered from the mesenteric fat, just anterior to the left psoas muscle. A partially flattened medium caliber lead core with several fragments missing is recovered directly anterior to the surface of the left psoas muscle. Both projectiles are lightly rinsed, photographed, and submitted as Evidence in a sealed envelope.
- D. Direction: The trajectory of the bullet is front to back, slightly downward, and without significant left to right deflection.
- E. Associated findings: There is hemorrhage in the mesenteric fat.

IV. Gunshot wound of left forearm (GSW 4):

- A. Entrance: On the back of the left forearm, 30 inches below the top of the head, 9 inches above the tip of the pinky finger, and 20-3/4 inches below the left shoulder, is a 1/4 inch circular gunshot wound of entrance with a 1/8 inch abrasion along the 6 to 11 o'clock wound edge. This wound is 1-1/2 inches medial to the midline of the forearm. There is a 6 inch span of stippling around the wound, with approximately 14 particle depositions identified. The largest distance from the wound edge is 4 inches and is approximately at the 10 o'clock position.
- B. Injuries: After perforating the skin and subcutaneous tissue of the back of the left forearm, the bullet sequentially perforates the underlying musculature and fractures the ulna.
- C. Exit: On the anterior left forearm, 10 inches above the tip of the pinky finger, 30-3/4 inches below the top of the head, and approximately 20-1/2 inches below the left shoulder, is a 3/8 inch circular gunshot wound of exit with a 3/4 inch laceration extending off the 7 o'clock wound margin and a 1/8 inch laceration extending off the 2 o'clock wound margin. This wound is surrounded by a 2-1/2 by 1-1/2 inch red-purple contusion, and the wound is located 2-1/4 inches medial to the midline of the arm.
- D. Direction: The trajectory of the bullet in the anatomic position is back to front, without significant vertical or right to left deflection.

V. Other injuries:

A 1/4 inch abrasion with eschar is on the back of the right hand. A horizontally oriented 2 inch linear red contusion is on the right side of the chest. A 1/4 inch abrasion is on the anterior left shin.

These injuries, having been described, will not be repeated.

PHYSICAL EVIDENCE: The three recovered bullets, the clothing, the bags from the hands, a gunshot residue kit, fingernail scrapings and clippings, and a DNA blood spot card are submitted as Evidence.

INTERNAL EXAMINATION: All organs are in their normal anatomic positions. The subcutaneous fat of the abdominal wall at the level of the umbilicus measures 1-1/2 inches in thickness.

BODY CAVITIES: See description under EVIDENCE OF INJURY. There are no adhesions.

CARDIOVASCULAR SYSTEM: The heart weighs 300 grams. The pericardium, epicardium, and endocardium are smooth, glistening and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is right dominant and exhibits no atherosclerosis. The atrial and ventricular septa are intact. The tricuspid valve circumference is 12.0 centimeters. The pulmonic valve circumference is 6.0 centimeters. The mitral valve circumference is 11.5 centimeters. The aortic valve circumference is 6.0 centimeters. The myocardium is dark red-brown and firm and there are no focal abnormalities. The left ventricle averages 1.3 centimeters in thickness. The interventricular septum averages 1.4 centimeters in thickness. The right ventricle averages 0.3 centimeter in thickness. The right ventricle chamber is dilated and measures 8 centimeters in maximum dimension. The left ventricle chamber diameter measures 6 centimeters. The intimal surface of the thoracic and abdominal aorta exhibits no atherosclerosis. See description under EVIDENCE OF INJURY for injuries to the brachiocephalic branch of the aorta.

RESPIRATORY SYSTEM: See description under EVIDENCE OF INJURY. The right lung weighs 300 grams; the left lung weighs 325 grams. The upper airway is unobstructed. The pulmonary arteries contain no emboli. Sectioning of the lungs discloses spongy pink parenchyma with abundant blood aspiration.

HEPATOBIILIARY SYSTEM: See description under EVIDENCE OF INJURY. The 1250 gram liver has a glistening capsule. The parenchyma is red-brown and without evidence of fibrosis. The gallbladder wall is intact and it contains approximately 10 milliliters of green-yellow bile and no calculi. The wall is not thickened.

DIGESTIVE SYSTEM: The tongue is pink-red and unremarkable. The esophageal mucosa is gray, smooth and unremarkable. The stomach contains 120 milliliters of brown liquid with pieces of chewed food. There are no tablets or capsules. The gastric mucosa has normal rugal folds and there are no ulcers or areas of hemorrhage. The

jejunum and mesenteric fat exhibit trauma as previously described. The large intestines are unremarkable. The appendix is present. The pancreas is tan and has a lobulated appearance on cut surface.

GENITOURINARY SYSTEM: The right kidney weighs 150 grams and the left kidney weighs 175 grams. The subcapsular surfaces are smooth and slightly lobated. The cortices are of normal thickness. Both kidneys are pale. The calyces, pelves, and ureters are unremarkable. The urinary bladder wall is intact and it contains 80 milliliters of yellow urine. The mucosa is gray, smooth and unremarkable. The prostate gland is not enlarged. The cut surface of the testes is homogeneous and tan.

ENDOCRINE SYSTEM: The thyroid gland has a normal shape and size, with a uniform red-brown parenchyma. The adrenal glands are triangular and have a yellow cortex and red-brown medulla.

RETICULOENDOTHELIAL SYSTEM: The 250 gram spleen has an intact blue-gray capsule. The parenchyma is dark red. The lymph nodes are unremarkable. The thymic remnant is tan.

MUSCULOSKELETAL SYSTEM: See description under EVIDENCE OF INJURY. The skull and vertebral column are intact. The pelvis has no palpable fractures. The skeletal muscle is red.

NECK: See description under EVIDENCE OF INJURY. The hyoid bone is not fused. The larynx is intact.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 1500 grams. The scalp, subscalpular area and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres have an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem and cerebellum are unremarkable. The substantia nigra is well pigmented. There are no hemorrhages in the deep white matter or basal ganglia. The cerebral ventricles contain no blood. The cerebrospinal fluid is clear.

TOXICOLOGY: Three tubes of heart blood, two tubes of femoral blood, and one tube/container each of liver, stomach contents, bile, urine, vitreous, and brain are submitted for toxicologic analysis.

HISTOLOGY: Representative sections from the heart, lungs, liver, kidney, and brain are submitted.

PATHOLOGIC FINDINGS

- I. Gunshot wound of left anterior neck/chest (GSW 1)
 - A. Entrance: Left supraclavicular region
 - B. Injuries: Perforations of left sternocleidomastoid muscle, both sternohyoid muscles, trachea, right mainstem bronchus, brachiocephalic trunk, right lung, and fracture of right 8th rib
 - C. Recovery: Moderately deformed medium caliber copper-jacketed bullet recovered from right back musculature
 - D. Direction: Front to back, downward, and left to right
 - E. Apparent range of fire: No firearm residue on skin
- II. Gunshot wound of chest (GSW 2)
 - A. Entrance: Right mid chest
 - B. Injuries: Fracture of right 6th rib, perforations of right hemidiaphragm, and right lobe of liver
 - C. Recovery: Moderately deformed, medium caliber, copper jacketed bullet recovered from right side of chest
 - D. Direction: Left to right, front to back, and slightly upward
 - E. Apparent range of fire: No firearm residue on skin
- III. Gunshot wound of left upper abdomen (GSW 3)
 - A. Entrance: Left upper quadrant of abdomen
 - B. Injuries: Perforation of mesenteric fat, graze wound of jejunum, and penetration of retroperitoneal fat
 - C. Recovery: Copper jacket recovered from mesenteric fat; partially flattened medium caliber lead core recovered from retroperitoneum, adjacent to left psoas muscle
 - D. Direction: Front to back, slightly downward, and without significant left to right deflection

- E. Apparent range of fire: No firearm residue on skin
- IV. Gunshot wound of left forearm (GSW 4)
 - A. Entrance: Back of left forearm
 - B. Injuries: Perforation of muscle and fracture of ulna
 - C. Exit: Anterior left forearm
 - D. Direction: Back to front
 - E. Apparent range of fire: Intermediate, stippling spanning 6 inches on back of left forearm
 - F. Possible association with gunshot wound of abdomen (GSW 3)

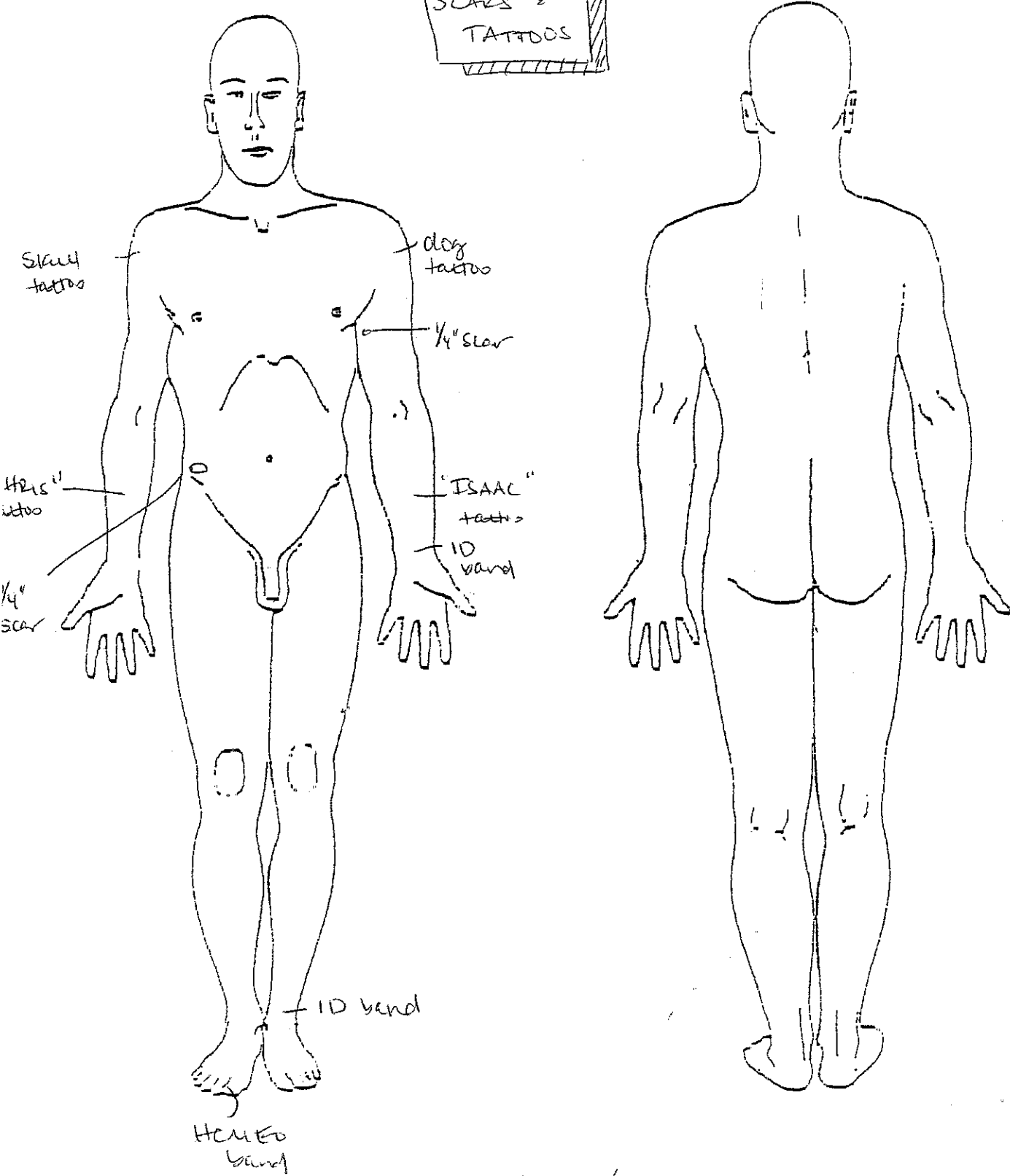
OFFICE OF THE MEDICAL EXAMINER OF HARRIS COUNTY
JOSEPH A. JACHIMCZYK FORENSIC CENTER
1885 OLD SPANISH TRAIL
HOUSTON, TEXAS 77054-2098

CASE NO: 06-1947

DECEDENT'S NAME: Hocker, Justin

DOCTOR'S SIGNATURE: [Signature]

SCARS &
TATTOOS



OFFICE OF THE MEDICAL EXAMINER OF HARRIS COUNTY
 JOSEPH A. JACHIMCZYK FORENSIC CENTER
 1885 OLD SPANISH TRAIL
 HOUSTON, TEXAS 77054-2098

CASE NO: D6-1947

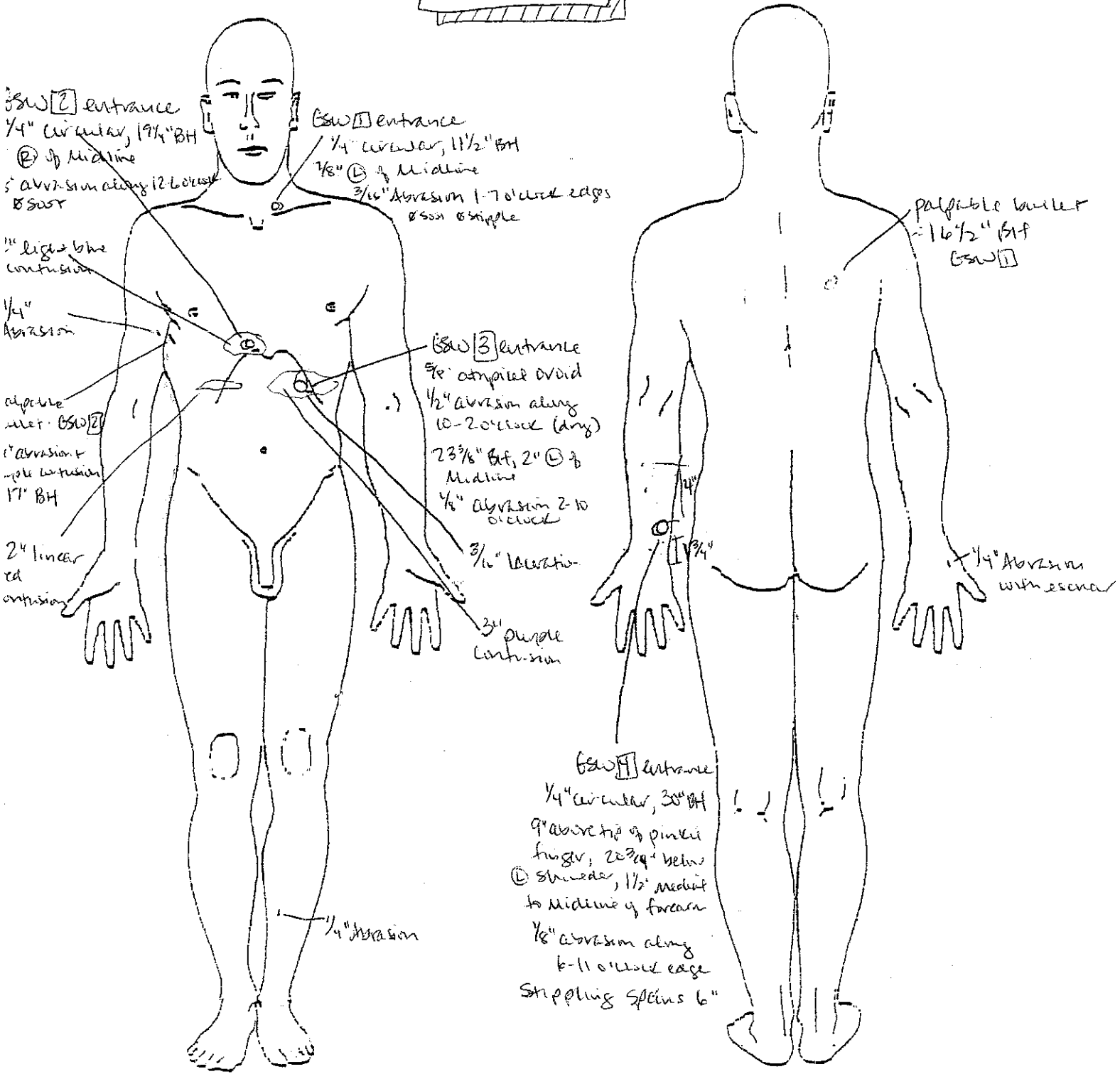
DECEDENT'S NAME: HOUKER, Justin

DOCTOR'S SIGNATURE: [Signature]

SELEG PASTS - torso

BH = Below the TOP of the head

INJURIES



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1885 OLD SPANISH TRAIL
HOUSTON, TEXAS 77054-2098

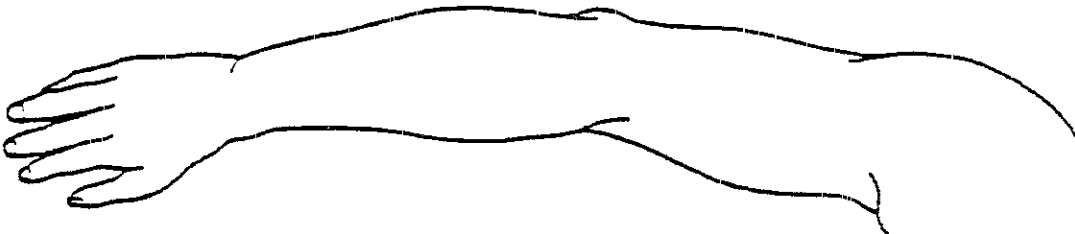
CASE NO: Db-1947

DECEDENT'S NAME: HOCKER, Justin

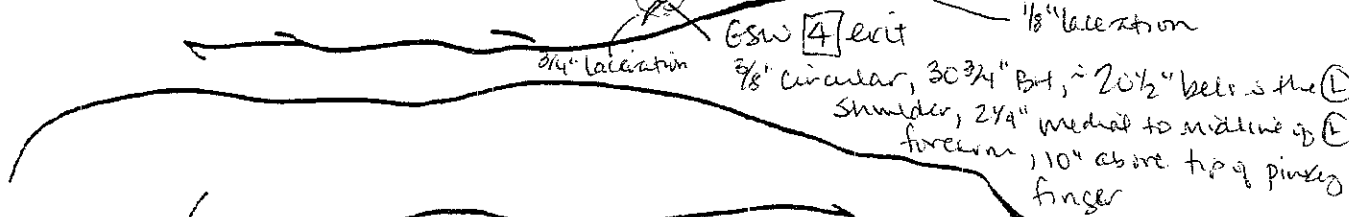
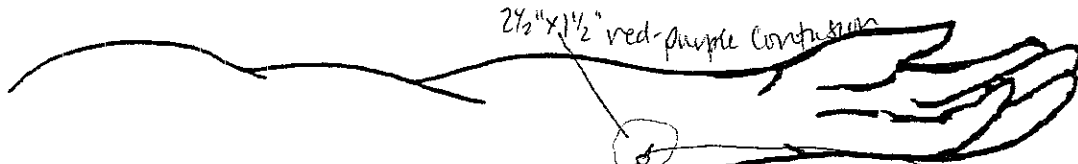
DOCTOR'S SIGNATURE: Walter Hoden Archer

BODY DIAGRAM: ARMS

RIGHT



LEFT



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JOSEPH A. JACHIMCZYK FORENSIC CENTER
1885 OLD SPANISH TRAIL
HOUSTON, TEXAS 77054-2098

CASE NO: 06-1947

DECEDENT'S NAME: Hockey, Justin

DOCTOR'S SIGNATURE: Samuel A. Finer

INJURY
SUMMARY

