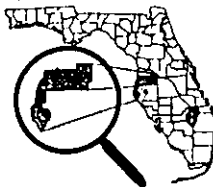


# MEDICAL EXAMINER

District Six

Pasco & Pinellas Counties



[www.co.pinellas.fl.us/forensics](http://www.co.pinellas.fl.us/forensics)

10850 Ulmerton Road

Largo, FL 33778

727-582-6800

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## REPORT OF AUTOPSY

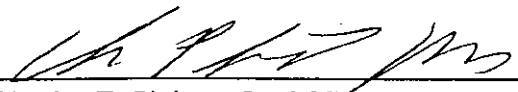
Name: MCMILLAN, Shawn      Case # 5010974      Age: 26 yrs      Race: White      Sex: Male  
Investigating Agency: Tarpon Springs Police Department      Agency Case #: 01-2513  
Date of Death: September 2, 2001      Date of Autopsy: September 3, 2001      at: 1015 hrs

## AUTOPSY FINDINGS

1. Penetrating gunshot wound of head, contact

CAUSE OF DEATH:      Gunshot wound of head

MANNER OF DEATH:      Suicide

  
Charles F. Siebert, Jr., M.D.  
Deputy Chief Medical Examiner

Date: September 5, 2001

**EXTERNAL EXAMINATION:**

The body is that of a 5 foot 8 inch, 175 pound, well-developed, well-nourished white male whose appearance is consistent with the reported age of 26 years. The scalp is covered with brown-blond hair. The eyes have hazel irides and the conjunctivae are glistening and free of petechiae. The nasal bones are intact, the nasal passages are patent and the septal mucosa is free of ulcerations or perforations. The lips are free of lacerations or contusions and the oral mucosa is unremarkable. The face is free of scars but has injuries to be described below. The ears are atraumatic and the ear canals are normal. The neck has no masses, scars or evidence of injury.

The chest is symmetrical and free of masses or scars. The breasts have no palpable masses.

The abdomen is flat with no evidence of masses or scars. The penis is circumcised and the testes are in the atraumatic scrotum bilaterally.

The upper and lower extremities are free of injuries, scars or tattoos.

The back has no scars or injuries but has a tattoo of a sun on the left shoulder.

**EVIDENCE OF MEDICAL THERAPY:**

Intravenous catheters are in the left clavicular area and dorsum of the left hand. A Foley catheter is exiting the urethra of the penis. An identification bracelet is on the left wrist.

**EVIDENCE OF INJURY:****PENETRATING GUNSHOT WOUND OF HEAD:**

The wound of entrance-type is located 2-1/2 inches above and 2 inches anterior to the right external auditory meatus. The entrance defect is a 1.5 X 1.0 cm defect with focal blackening of the edges and a 0.5 cm circumferential abrasion. A second area of abrasion is located 0.8 cm from the defect and is at the 6 o'clock axis. The projectile tranverses the right temporalis muscle and enters the cranial cavity through a 0.8 X 0.5 cm bony defect with internal beveling and focal soot deposition on the external table of the bone. The projectile enters the right frontal lobe traveling in a slightly posterior direction crossing the midline through the corpus callosum into the left parietal lobe and exits the cranium through a bony exit located 3 inches above and 3/4 inch posterior to the internal auditory meatus. The bone defect is a 1.0 X 0.9 cm defect with external beveling and small linear radiating fractures. A small caliber, copper jacketed, projectile is recovered from under the scalp adjacent to the exit defect, is photographed and placed in an appropriately labeled manila envelope. Associated with the wound pathway is pulpefaction of the brain parenchyma along the path, focal subarachnoid hemorrhage and subdural hemorrhage at the exit site, fractures of the bilateral anterior fossae, a linear fracture running along the mastoid ridge on the left and bilateral periorbital ecchymoses. The overall pathway is thus right to left and front to back.

**INTERNAL EXAMINATION:**

The anterior chest wall and abdominal wall are free of extravasated blood. The ribs, sternum and clavicles are intact. The serosal cavities are free of blood or excess fluid. No unusual odors are detected.

The pericardial sac is intact, smooth and contains approximately 7 ml of clear serous fluid.

The 410 gram heart has a smooth glistening epicardial surface and a normal amount of fat. The coronary arteries arise normally from the aorta and the coronary artery ostia are patent. The coronary arteries have minimal atherosclerosis. The myocardium is tan-brown and homogeneous. The endocardium is smooth and glistening. The cardiac valves are thin, pliable and free of vegetations. The chordae tendineae are thin and delicate and the papillary muscles are intact. The inferior vena cava, superior vena cava and pulmonary arteries and veins are patent. The aorta has mild atherosclerosis.

The right and left lungs are 760 and 800 grams respectively. The pleural surfaces are purple-gray, smooth and glistening. The parenchyma is spongy and red-gray with mild congestion and mild to moderate edema but no consolidation, infarction, abscess or mass. The bronchi are patent and have a smooth tan mucosa.

The muscles of the neck are red-brown and free of hemorrhage or other indications of injury. The thyroid gland is red-brown and not enlarged. The hyoid bone and thyroid cartilage are intact. The larynx and trachea are patent and of a normal caliber with a smooth pink-tan mucosa without evidence of injury or disease.

The esophagus has a smooth gray-white mucosa free of ulcerations. The stomach has a smooth partially autolyzed mucosa with normal rugal folds. The gastric contents consist of approximately 50 ml of tan-brown liquid. The small bowel, large bowel and appendix have smooth tan serosal surfaces and are unremarkable.

The 1750 gram liver has a smooth capsule and a sharp anterior margin. The parenchyma is soft, tan-brown and homogeneous throughout. The gallbladder is not distended and contains yellow-green viscid bile without calculi. The portal structures are unremarkable.

The pancreas has a soft tan parenchyma and a normal lobular architecture.

The 100 gram spleen has a smooth purple capsule and a dark purple-red parenchyma without prominent follicles or fibrous trabeculae.

The lymph nodes throughout the body do not appear to be enlarged.

The adrenal glands have friable soft yellow cortices and a soft gray medulla.

The right and left kidneys are 120 and 130 grams respectively. Each kidney has a normal shape with smooth surfaces and no pitting or scarring. The renal arteries and veins are patent. Each kidney has a firm red-brown parenchyma with distinct corticomedullary junctions and cortices of normal thickness. The calyces, pelves and ureters are unremarkable. The urinary bladder is intact with a tan smooth mucosa but contains no urine. The prostate gland, seminal vesicles and testes are unremarkable.

The vertebral column is intact.

The reflected scalp and underlying bone have the above-described injuries. The epidural space is free of blood. The 1480 gram brain is symmetrical and covered by thin, congested leptomeninges. The vessels at the base of the brain are intact, thin-walled and patent. The cranial nerves and mamillary bodies are unremarkable. No additional lesions are in the gray or white matter, basal ganglia, cerebellum, midbrain, pons or medulla. The ventricles are of normal size and contain clear cerebrospinal fluid and unremarkable choroid plexus.

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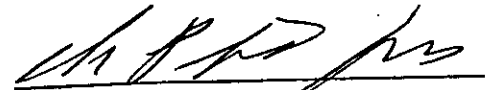
Name: MCMILLAN, Shawn

Case No. 5010974

Page 5

MICROSCOPIC EXAMINATION

SKIN FROM RIGHT TEMPLE: Dermal disruption, hemorrhage and black extraneous material



Charles F. Siebert, Jr., M.D.  
Deputy Chief Medical Examiner

Date: September 27, 2001

**OFFICE OF THE MEDICAL EXAMINER**

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727-582-6800 (Fax 6820)

**REPORT OF AUTOPSY  
Toxicology Findings**

**DISTRICT SIX**

Pinellas & Pasco  
Counties

Case# 5010974 Name: McMillan, Shawn

Age:

26 yrs White/Male

Date of Death: Sep 2, 2001

Date/Time of Autopsy:

Sep 3, 2001 10:15 hrs.

Prosecutor: Charles F. Siebert, M.D., Deputy Chief Medical Examiner

**Drug Screen Results:**

Gastric Screen (TLC-Basic) was POSITIVE for caffeine.


Hospital Serum (9/2 0520) Screen (Immunoassay) was NEGATIVE.

**Drug Quantitation Results:**

Ethanol: 0.15 gm/dl, Hospital Serum (9/2 0520)

Ethanol: Less than 0.01 gm/dl, Vitreous

*CFS*  
09-19-01

  
Ronald R. Bell, DFTCB  
Chief Toxicologist  
Sep 14, 2001