

OFFICE OF THE MEDICAL EXAMINER
FLORIDA, DISTRICTS 7 & 24
VOLUSIA & SEMINOLE COUNTIES
1360 INDIAN LAKE ROAD, DAYTONA BEACH, FL 32124-1001

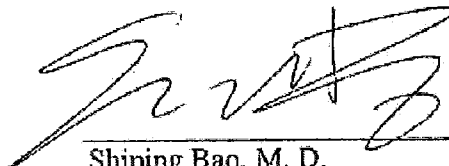
MEDICAL EXAMINER REPORT

Name	Martin, Trayvon	Medical Examiner #	12-24-043
Date of Birth	February 5, 1995	Date of Death (Found)	February 26, 2012
Age	17 Years	County	Seminole
Race	Black	Date of Exam	February 27, 2012
Sex	Male	Time of Exam	1030 Hours

FINAL DIAGNOSES AND FINDINGS

- I. Penetrating Gunshot Wound of the Chest
- A. Entrance: Left chest, intermediate range
 - B. Path of the projectile: Skin, left anterior 5th intercostal space, pericardial sac, right ventricle of heart, and right lower lobe of lung
 - C. Direction of projectile: Directly, front to back
 - D. Exit: None; fragments of projectile recovered in pericardial sac and right pleural cavity
 - E. Associated injuries: Entrance wound; perforations of pericardial sac, right ventricle of heart, right lower lobe of lung with bilateral pleural hemorrhage
 - F. Postmortem radiograph: Metallic fragments of projectile identified

Cause of Death: Gunshot Wound of Chest
Manner of Death: Homicide
How incident occurred: Shot by another person

 Date: 03/15/12

Shiping Bao, M. D.
Associate Medical Examiner

XC: State Attorney's Office
Sanford Police Department



"Accredited by the National Association of Medical Examiners"

Name Martin, Trayvon

ME # 12-24-043

**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

OFFICIALS PRESENT AT EXAMINATION

None.

EXTERNAL EXAMINATION

The body is secured in a blue body bag with Medical Examiner seal #0000517.

The body is viewed unclothed. The body is that of a normally developed, black male appearing the stated age of 17 years with a body length of 71 inches and body weight of 158 pounds. The body presents a medium build with average nutrition, normal hydration and good preservation. Rigor mortis is complete, and lividity is well developed and fixed on the posterior surfaces of the body. The body is cold to touch post refrigeration. Short black hair covers the scalp. The face is unremarkable. There is average body hair of adult-male-pattern distribution. The eyes are closed and have clear bulbar and palpebral conjunctivae. The irides are brown with white sclerae. There are no cataracts or arcus present. The pupils are equal at 5 millimeters. The orbits appear normal. The nasal cavities are unremarkable with an intact septum. The oral cavity presents natural teeth with fair oral hygiene. The ears are unremarkable with no hemorrhage in the external auditory canals. The neck is rigid due to postmortem changes, and there are no palpable masses. The chest is symmetrical. The abdomen is scaphoid.

The upper and lower extremities are equal and symmetrical and present cyanotic nail beds without clubbing or edema. There are no fractures, deformities or amputations present. The external genitalia present descended testicles and an unremarkable penis. The back reveals dependent lividity with contact pallor. The buttocks are atraumatic, and the anus is intact. The integument is of normal color.

OTHER IDENTIFYING FEATURES

There are identification bands on the ankles.

SCARS

- 1 x ½ inch scar - right shoulder
- 1 x ½ inch scar - right hand

TATTOOS

- Symbol with letters - right arm
- Letters - left wrist

There are no other significant identifying features.

Name Martin, Trayvon

ME # 12-24-043

**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

EVIDENCE OF INJURY

Penetrating Gunshot Wound of the Chest:

The entrance wound is located on the left chest, 17½ inches below the top of the head, 1 inch to the left of the anterior midline, and ½ inch below the nipple. It consists of a ¾ inch diameter round entrance defect with soot, ring abrasion, and a 2 x 2 inch area of stippling. This wound is consistent with a wound of entrance of intermediate range.

Further examination demonstrates that the wound track passes directly from front to back and enters the pleural cavity with perforations of the left anterior fifth intercostal space, pericardial sac, right ventricle of the heart, and the right lower lobe of the lung. There is no wound of exit.

Three fragments of projectile are recovered. The lead core is recovered in the pericardial sac behind the right ventricle. Two fragments of the jacket are recovered in the right pleural cavity behind the right lower lobe of the lung.

The injuries associated with the wound: The entrance wound; perforations of left anterior fifth intercostal space, pericardial sac, right ventricle of the heart, right lower lobe of the lung with approximately 1300 milliliters of blood in the right pleural cavity and 1000 in the left pleural cavity; the collapse of both lungs.

Other injuries: There is a ¼ x ¼ inch small abrasion on the left fourth finger.

EVIDENCE OF RECENT MEDICAL TREATMENT

There is a cardiac monitor pad on the left flank.

EVIDENCE OF ORGAN AND/OR TISSUE DONATION

None.

INTERNAL EXAMINATION: The following excludes any previously described injuries.

BODY CAVITIES

The peritoneum is congested, smooth, glistening and essentially dry; devoid of adhesions or effusion. There is no scoliosis, kyphosis or lordosis present. The left and right diaphragms are in their normal location and appear grossly unremarkable.

Name Martin, Trayvon

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**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

The subcutaneous fat measures 1.5 centimeters and is normally distributed, moist and bright yellow. The musculature of the chest and abdominal area is of normal color and texture.

NECK AND TONGUE

The neck presents an intact hyoid bone as well as the thyroid and cricoid cartilages. The larynx has unremarkable vocal cords and folds that appear widely patent without foreign material. The epiglottis is a characteristic plate-like structure without edema, trauma or pathological lesions. Both the musculature and the vasculature of the anterior neck are unremarkable. The trachea and spine are in the midline, and present no traumatic injuries or pathological lesions. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM

The heart weighs 200 grams and there is no chamber hypertrophy or dilatation. The left ventricular wall is 1.1 centimeters and the right is 0.2 centimeters. The cardiac valves appear unremarkable. The coronary ostia are in the normal anatomical location leading into widely patent coronary arteries. Right dominant circulation is present. The endocardial surface is smooth without thrombi or inflammation. Sectioning of the myocardium presents no gross evidence of ischemic changes either of recent or remote origin. The aortic arch, along with the great vessels, appears grossly unremarkable.

RESPIRATORY SYSTEM

The lungs are collapsed and together weigh 410 grams. There are no gross pneumonic lesions or abnormal masses identified. The tracheobronchial tree and pulmonary arterial system are intact and grossly unremarkable. The pleural surfaces are pink and smooth with focal mild anthracosis.

HEPATOBIILIARY SYSTEM

The liver weighs 1110 grams and presents a brown, smooth, glistening surface. Focal patchy yellow discoloration, due to mild fatty metamorphosis, is present. On sectioning, the hepatic parenchyma is yellow-brown, homogeneous and congested. The unremarkable gallbladder contains approximately 8 milliliters of greenish bile. There is no cholecystitis or lithiasis. The biliary tree is patent. The pancreas presents a lobulated yellow cut surface without acute or chronic pancreatitis.

HEMOLYMPHATIC SYSTEM

The spleen weighs 100 grams and presents a gray-pink intact capsule and a dark red parenchyma. There is no lymphadenopathy. The thymus gland is involuted.

Name Martin, Trayvon

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**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

GASTROINTESTINAL SYSTEM

The esophagus is intact with normal gastroesophageal junctions and without erosions or varices. The stomach is also normal without gastritis or ulcers, and contains 400 milliliters of gastric fluid with food particles. Loops of small and large bowel appear grossly unremarkable. The appendix is unremarkable.

UROGENITAL SYSTEM

The kidneys weigh 100 grams, and 110 grams, right and left, respectively. On sectioning, the cortex presents a normal thickness above the medulla. The renal columns of Bertin extend between the well-demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. The pelvis is of normal size and is lined by gray glistening mucosa. There are no calculi. The renal arteries and veins are normal. The ureters are of normal caliber lying in their course within the retroperitoneum and drain into an unremarkable urinary bladder containing approximately 75 milliliters of urine.

The external genitalia present an unremarkable penis without hypospadias, epispadias or phimosis. There are no infectious lesions or tumors noted. The descended testicles are of normal size encased within an intact and unremarkable scrotal sac. There are no abnormal masses or hernias on palpation. The prostate is of normal size and shape and sectioning presents two normal lateral lobes with a thin median lobe forming the floor of the unremarkable urethra. There are no gross pathological lesions.

ENDOCRINE SYSTEM

The thyroid gland is of normal size and shape and presents two well-defined lobes with a connecting isthmus and a beefy-brown cut surface. There are no goitrous changes or adenomas present. The adrenal glands are of normal size and shape. Sectioning presents no gross pathological lesions.

MUSCULOSKELETAL SYSTEM

The ribs, sternum, clavicles, pelvis and vertebral column have no recent fractures. The muscles are normally formed.

CENTRAL NERVOUS SYSTEM

The scalp is intact without contusions or lacerations. The calvarium is likewise intact without bony abnormalities or fractures. The brain weighs 1400 grams and presents moderate congestion of the leptomeninges. The overlying dura is intact and unremarkable. The cerebral hemispheres reveal a normal gyral pattern with severe global edema. The brainstem and cerebelli are normal in

OFFICE OF THE MEDICAL EXAMINER
FLORIDA, DISTRICTS 7 & 24

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Name Martin, Trayvon

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**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

appearance with no evidence of cerebellar tonsillar notching. The circle of Willis is patent and presents no evidence of thrombosis or berry aneurysm. Upon coronal sectioning of the brain, the ventricular system is symmetrical and contains clear cerebrospinal fluid. There are no space-occupying lesions present. The spinal cord is not examined.

MICROSCOPIC EXAMINATION: One slide examined on March 15, 2012.

HEART: No diagnostic abnormality.

LUNGS: The partial collapse of tissues.

LIVER: No diagnostic abnormality.

TOXICOLOGY: See separate report from NMS Laboratories.

SB

End of Report

Office of the Medical Examiner, Volusia County

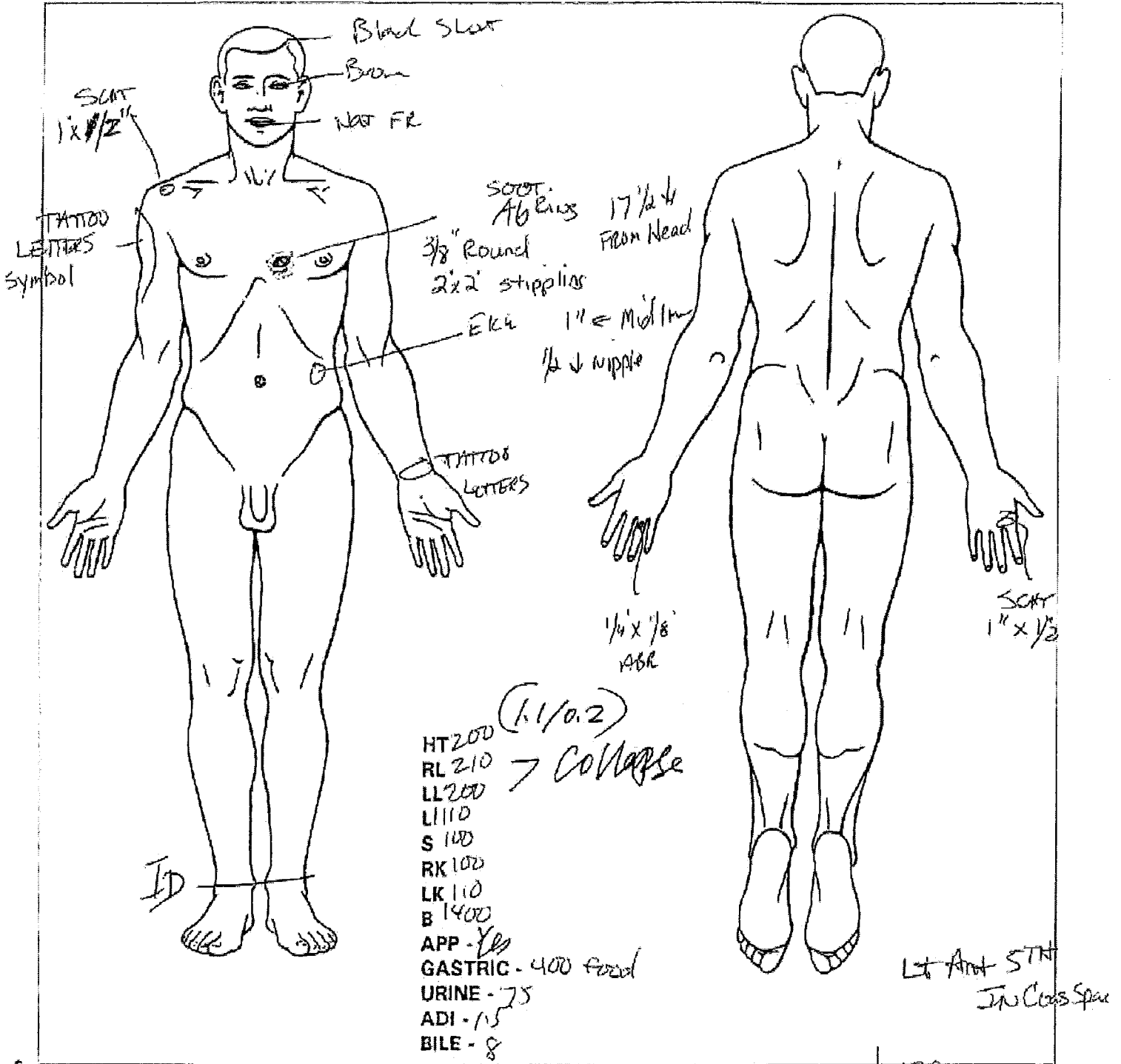
Name: UNIDENTIFIED #3,

Case Number 2012-24043

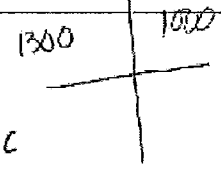
Age: Race: Black

Sex: Male

Date (DR.) 2/27/2012



SPM # 0000517



HT 71" WT 158 BMI 22 START TIME 10:30
 FRAS x 2 Rt L Lobe bulg Recovered in cavity

**MEDICAL EXAMINER'S
PROTOCOL and CASE FILE ROUTING SLIP**

CASE # 12-894-048

CASE NAME: THOMAS, WALTER (Dad #3)

PATHOLOGIST: DR. HERRMANN DR. CALLAGHER DR. BAO 1

PHYSICIAN (name of decedent) _____ Investigators: RB TC LC _____

DATE: _____

12/11/02 First Death

1 Reviewer of 1 with Toxicology and Histology to the Pathologist (If additional review is requested, notify I coroner clerk (ext. 6042))

Autopsy Report reviewed, Toxicology and Histology submittal and certification made by Pathologist

1 Reviewer, CLASSIFICATION OF FINDING (submittal prepared by Pathologist)

To the transcriptionist if any changes

Reviewed by 2nd Pathologist

To Transcriptionist if any changes

To Investigator for Typing of DC

(Cases requiring investigation, if available)

Death certificate and autopsy report (certification)

To INVESTIGATOR for CRIMINAL INVESTIGATION OTHER AGENCIES

To PROOFREADER

To TRANSCRIPTIONIST for certification

FINAL AUTOPSY REPORT reviewed and signed by Pathologist

To HSE for distribution

DATE CLOSED _____

TOXICOLOGY

YES NO

Reviewed: 12/11/02

Additional: _____

HISTOLOGY

YES NO

Reviewed: 12/11/02

Additional: _____

OTHER

YES NO

Report: _____

Health: _____

Other: _____

Investigation pending: _____

OTHER REPORTS

NONE

Mierantology: _____

Perk. Ulmer: _____

Identification: _____

Neuropathology: _____

HMC: _____

Other: _____

(initials)

SEMINOLE COUNTY MEDICAL EXAMINER'S DEATH REPORT

INSTRUCTIONS: Complete this form for all deaths except Hospice registered patients. Send the form with the deceased to the morgue. If deceased is not sent to the morgue, fax this sheet to the M.E.'s Office — 324-5105 — AS SOON AS POSSIBLE

NATURAL HOMICIDE SUICIDE ACCIDENTAL

Date: 2/26/2012		Time: 2200		Deputy: SERRANO		Case #: JOLYFORD 1176	
Subject's Last Name: DOLF				First Name: JUDAN		M.I.	
DOB: 3/26/2012 ^{UNK}		Age: UNK		Sex: MALE		Race: BLACK	
Address: UNK STEEMAN RD						Phone: ()	
Next of Kin: UNK				Relationship:		Phone: ()	
DOD: 2/26/2012		Approximate TOD: 1930		Pronounced By: SANDRINO RESUS #38			
Dead on Arrival <input type="checkbox"/>		Emergency Room Death <input type="checkbox"/>		(Ask ER personnel for this information)			
Place of Death (Give name and exact address of facility, institute, residence or street): WALKWAY BOSTON RESTAURANT UNK							
Family Physician (Full name): UNK				Phone: ()		Sign Certificate: YES NO	
Diagnosis/Medical History: UNK							
Funeral Home: N/A						Phone: ()	
Last Time Deceased Was Seen Alive: 1915 HRS				By Whom: G. ZIMMERMAN			
Describe Deceased (i.e. clothing, rig or type of motor, positioning, etc. / WOUNDS / INJURIES) ON BACK, MULTIPLE SWASTERS / WOUNDS / INJURIES							

COUNTY RESIDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Crime Scene Investigator: SERRANO	Case Investigator: SERRANO
CIRCUMSTANCES SURROUNDING DEATH: SHOT IN CAR BY KNOWN PERSON.	

DO NOT COMPLETE IF DEATH WAS BY NATURAL CAUSES		
Date of Injury:	Time of Injury:	Injury at Work: YES <input type="checkbox"/> NO <input type="checkbox"/>
Place of Injury (Street, Factory, Home, etc.):		
Location (Exact address):		
Describe How Injury Occurred:		

M.E. Notified Date: 2/26/12
 M.E. Notified Time: 10:52
 M.E. Notified By: FCC

Office of the Medical Examiner
 County of Volusia
 1360 Indian Lake Road
 Daytona Beach, Florida

L.E. Case Number: 2012-5100130
 M.E. Case Number: 12-21-043
 ECS CAD Number: 12-0570190
 Investigator to Scene: Yes No

REPORT OF INVESTIGATION BY MEDICAL EXAMINER / INVESTIGATOR

City of Death: Sanford
 County of Death: Sanford

Decedent: TRAVON Martin Wid #3
 First Name Middle Name Last Name Suffix (Sr., Jr., III)

Address: _____
 Number and Street City, State Zip Code

Age: 17 DOB: 02/05/95 Sex: Male Female Unknown Occupation: _____
 Race: White Black Asian Native American Hispanic Other _____
 Marital Status: Single Married Divorced SSN: _____

TYPE OF DEATH (Initial Jurisdiction - Check only one) 2831 Retreat View Circle Sanford
 Accident - Traffic Possible Drug Overdose Violent - Other (pending in court)
 Accident - Other Sudden in Apparent Good Health Non Violent - Suspicious
 Homicide Unattended by Physician Suspected SIDS / (Or Infant)
 Suicide Homicide/Suicide Police Custody - Jail/Prison
 Natural Homicide/Suicide (with survivor)

Notification By: _____ Official Title: _____
 Address: _____ Phone: _____
 Police Notified: Yes No Investigator Contacted: SPD Phone: 407-477-7866
 Address: _____ Jurisdiction: SPD

	DATE	TIME (24H)	LOCATION	CITY/COUNTY	TYPE OF PREMISES	BY WHOM
LAST SEEN ALIVE	<u>02/26/12</u>	<u>1915</u>	<u>SPD</u>	<u>Sanford</u>	<u>Court yard</u>	<u>resident</u>
INJURY/ILLNESS		<u>1920</u>				
FOUND						<u>SPD</u>
DEATH/PRONOUNCED		<u>1930</u>				

DESCRIPTION OF PREMISES

INJURY OR ILLNESS Inside Outside
 House Apartment Mobile Home Workplace Hotel/Motel Adult Home Highway
 Retail Establishment School Hospital Jail Restaurant/Bar Parking Lot City Park
 Wooded Area Farm Pasture Freshwater River Freshwater Pond Retention Pond Ocean
 Coastal Waterway Swimming Pool Beach Other Court yard

DEATH Inside Outside
 House Apartment Mobile Home Workplace Hotel/Motel Adult Home Highway
 Retail Establishment School Hospital Jail Restaurant/Bar Parking Lot City Park
 Wooded Area Farm Pasture Freshwater River Freshwater Pond Retention Pond Ocean
 Coastal Waterway Swimming Pool Beach Other Court yard

Signature of Medical Examiner / Forensic Investigator

Name (Print or Type)

Office of the Medical Examiner, District 7 & 24

Medical Examiner Case Report

Year: 2012 Number: 24043 Date Reported: 2/26/2012 8:32:00 PM
Notification By: Emergency Communications Center ECS CAD #: 12-0570199
Investigative Agency/Jurisdiction: Sanford Police Dept

Decedent: Martin, Trayvon

Age: 17 Race: Black Sex: MALE

Date of Birth: 2/5/1995 :

Method Of ID:

Permanent Address:

City: Miami State: FLORIDA Zip: Country: USA

Last Seen Alive: 2/26/2012 7:15:00 PM

By Whom: Resident of complex

In Police Custody?: NO

Found?: NO

Date/Time of Death: 2/26/2012 7:30:00 PM

Place of Death: Courtyard behind 2861 Retreat View Circle

City of Death: Sanford

County of Death: Seminole

Date of Injury: 2/26/2012 7:20:00 PM Injured at Work?: NO

Place of Injury: Courtyard behind 2861 Retreat View Circle

Next of Kin: Mr. and Mrs. Martin, Parents

Funeral Home:

Investigating Agency: Sanford Police Dept

Law Enforcement Case #: 2012-50001136

Investigator: Serino

M.E. Investigator: Tara Malphurs

Autopsy?: Yes Examination Date: 2/27/2012 10:30:00 AM

Mode of Death: Handgun

Cause of Death: Gunshot Wound of Chest

Other Significant Conditions:

Manner of Death: Homicide

Doctor Signing DC: Shiping Bao, M.D.

Year: 2012

Number 24043

Decedent: Martin, Trayvon

Case Summary:

ECC contacted FI Malphurs of an apparent death in Sanford in the courtyard behind 2861 Retreat View Circle. Person of contact (POC) was SPD Inv. Serino. POC advised of an unknown B/M who had been shot by a resident of the complex. POC stated the following:

At approximately 1910 hours on 02/26/2012, 911 dispatchers received a call from a resident of the complex. The resident advised of a B/M who was at the complex between the townhouses. The caller stated that the male should not have been in the area and he observed the male while walking his neighborhood watch. Shortly after the call the resident confronted the male and the two began to physically fight. Witnesses observed the two fighting in the yard and then the resident fired a handgun at the male striking him in the chest. The male fell to the ground. SPD and SFD arrived on scene. The male was pronounced at 1930 hours. The identity of the male was unknown.

FI Malphurs responded to and arrived on scene at approximately 2144 hours. FI Malphurs observed a B/M lying face up on the ground in the courtyard. The male was clothed wearing a sweatshirt, t-shirt, pants and shoes. The male did not have identification in any of his pockets. The contents of the pockets were taken into custody by SPD. One (1) defect was seen on the male's chest with a hole in each of the shirts. SPD did not request to complete a GSR kit. POC advised that the weapon used was a .9mm handgun. Fingerprint identification was attempted; however, the male was not in the database of fingerprints. The male was then named as Unidentified #3. Photographs of the scene were taken. Livery arrived on scene for assistance and placed the B/M in a blue transport pouch. The pouch was sealed with blue tag #VCME0000517. Livery removed the B/M to the MEO. POC was given a 1000 hours examination time for 02/27/2012. FI Malphurs cleared the scene at approximately 2210 hours. TSM

Addendum: On 02/28/2012 at approximately 1230 hours, FI Malphurs received a fax from Sanford Police Department confirming positive identification as: Trayvon Martin, 17yoa B/M, DOB: 02/05/1995. The identification was made by his father from a crime scene photograph. ECC and MEO staff were notified and an identification sheet was completed. TSM

Description	Volume	Specimen
THC	1.5 ng/mL	Chest Blood
THC-COOH (Carboxy)	7.3 ng/mL	Chest Blood
Cannabinoids	Presump Pos	Urine

**MEDICAL EXAMINER'S OFFICE
DISTRICT 7 AND DISTRICT 24**

IDENTIFICATION CHECKLIST

Medical Examiner Case #: 12-24-043
 Identified As: TIAN VON MALIN
 Age/Race/Sex: 17 B/m Date of Birth: 02/05/95
 Previously Listed As: Unidentified #3

I. METHOD OF IDENTIFICATION:

MANNER OF IDENTIFICATION	DATE	INVESTIGATOR
Fingerprint Report		
Dental X-Ray		
Antemortem X-Ray		
Photograph Viewing	02/20/12	TM
Direct Viewing of Remains		
DNA Analysis		
Law Enforcement Positive Identification		
Presumptive ID (Manner)		
Other		

II. CHANGES MADE TO FOLLOWING FILES / DOCUMENTS:

ITEM CHANGED	DATE	INITIALS
BY INVESTIGATOR		
Investigators Case Log (call ECC, update CAD)	02/20/12	TM
Database Entries/Inv File Paperwork		
Law Enforcement Agency Notified		
Staff Notified (e-mail)		
Case Tracking Board (Hallway)		
Update Unidentified Log Sheet (Hallway)		
BY ADMINISTRATION		
File Jacket/Index Card(s)		
Autopsy (Joyce) /Other Reports/DC Worksheet		JL
Book of Death		
Toxicology Reports (if specimens out to Lab)		
BY MORGUE STAFF		
Morgue Log-In Book	2/28/2012	RF
Decedent Identification Tags		
Transport Pouch/Body Bag		
Personal Effects Sheet		
Toxicology and Histology Requisitions (if specimens not out to Lab yet)		
Morgue Tracking Board		

12-24-043

CAD# 12-0570194

LEO CASE# 2012-5000136

CHECKLIST

CITY: Sanford

COUNTY: Seminole

LEO: SFD

CONTACT & NUMBER: Inv. Semino
407-477-7864

NAME:

DOB:

AGE:

MALE FEMALE

SSN:

WHITE BLACK

ADDRESS:

ADDRESS OF DEATH: 2831 Retreat View ^{Pick} Sanford
(SAME)

LAST SEEN ALIVE DATE & TIME: 1915

WHOM:

INJURY OR ILLNESS DATE & TIME: 1920

PREMISES:

FOUND DATE & TIME:

WHOM:

DEATH DATE & TIME: ~~1920~~ 1930 PRONOUNCED BY WHOM: SFD

LARGE PERSON:

DR. SIGNING DC:

MEDICAL HISTORY:

Rigor/Lividity

*****NEXT OF KIN:

ADDRESS:

PERTINENT INFO. NOTES:

PX:

Heard, face down
scars.
called 911, confronted then shot

OFFICE OF THE MEDICAL EXAMINER
 District 7 and 24 - Volusia and Seminole Counties
 PERSONAL EFFECTS

NAME OF DECEDENT: Martin Traynor 02
 UNIDENTIFIED #3,

CASE NUMBER: 2012-24043

M.E. / INV. 1/TV DATE RECEIVED: 2/27/2012 INVENTORIED BY: PF

LIST OF DECEDENTS CLOTHING AND PERSONAL EFFECTS

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> BATHROBE/HOUSECOAT | <input checked="" type="checkbox"/> HOSE OR SOCKS | <input type="checkbox"/> BELT | OTHER ITEMS: |
| <input type="checkbox"/> NIGHTGOWN OR PAJAMAS | <input type="checkbox"/> BLOUSE OR SHIRT | <input type="checkbox"/> TIE | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> SLIPPERS OR SHOES | <input type="checkbox"/> SKIRT | <input checked="" type="checkbox"/> JACKET - <u>leather</u> | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> PANTIES OR UNDERSHORTS | <input type="checkbox"/> DRESS | <input type="checkbox"/> COAT | <input type="checkbox"/> _____ |
| <input type="checkbox"/> BRA | <input checked="" type="checkbox"/> PANTS | <input type="checkbox"/> SWEATER | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SLIP | <input type="checkbox"/> SHORTS | <input type="checkbox"/> HAT | <input type="checkbox"/> _____ |
| PERSONAL: | <input checked="" type="checkbox"/> UNDERSHIRT OR T SHIRT | <input type="checkbox"/> GLOVES | <input type="checkbox"/> _____ |
| <input type="checkbox"/> KEYS | <input type="checkbox"/> HELMET | JEWELRY | <input type="checkbox"/> _____ |
| <input type="checkbox"/> WALLET OR PURSE | <input type="checkbox"/> SOCIAL SECURITY CARD | <input checked="" type="checkbox"/> WATCH
<u>black plastic</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> COMB | <input type="checkbox"/> DRIVER'S LICENSE | <input type="checkbox"/> RINGS: | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HAIR TIE | <input type="checkbox"/> _____ | _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> NAIL CLIPPERS | <input type="checkbox"/> _____ | _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> POCKET KNIFE | <input type="checkbox"/> _____ | _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HANDKERCHIEF | _____ | _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> GLASSES | * All Turned
over to Sanford
LE - Sanford
P.D. | <input type="checkbox"/> EARRING(S): | <input type="checkbox"/> _____ |
| <input type="checkbox"/> DENTURES | | _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CELL PHONE | | _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CIGARETTES | | _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> LIGHTER | | _____ | <input type="checkbox"/> _____ |
| _____ | | _____ | <input type="checkbox"/> NECKLACE: |

MONEY List the number of each denomination

BILLS \$100	<u>/</u>	\$10	<u>/</u>	COINS \$1.00	<u>/</u>	\$0.10	<u>- 1 -</u>	
\$50	<u>/</u>	\$5	<u>/</u>	\$0.50	<u>/</u>	\$0.05	<u>/</u>	
\$20	<u>/</u>	\$1	<u>/</u>	\$0.25	<u>/</u>	\$0.01	<u>/</u>	TOTAL <u>.10¢</u>

PERSONAL EFFECTS LISTED ABOVE RECEIVED BY:

NAME Heather
 FUNERAL HOME Mizzell Kuetz FHH
 DATE: 2-29-12 TIME: 11:20
 SIGNATURE [Signature]
 M.E.D. STAFF [Signature]

Medical Examiner's Office
 District 7 and 24
 1360 Indian Lake Road
 Daytona Beach, Florida 32124

Evidence Accountability Sheet

NAME: UNIDENTIFIED #3	ME CASE #: 12-24-043
MEDICAL EXAMINER: S. BOO	INVESTIGATOR: T. CLARK
DATE/TIME COLLECTED: 02/27/2012	TECHNICIAN: B. Dorton

EVIDENCE	CLOTHING			CURRENCY (Bills)	
<input type="checkbox"/> Gunshot Residue	<input checked="" type="checkbox"/> Shoes	<input type="checkbox"/> Socks	<input type="checkbox"/> Stockings	<input type="checkbox"/> \$100.00 x	
<input checked="" type="checkbox"/> Head Hair Standards	<input checked="" type="checkbox"/> Jacket	<input type="checkbox"/> Sweater	<input type="checkbox"/> Tie	<input type="checkbox"/> \$50.00 x	
<input checked="" type="checkbox"/> Pubic Hair Standards	<input type="checkbox"/> Shirt	<input checked="" type="checkbox"/> T-Shirt	<input type="checkbox"/> Undershirt	<input type="checkbox"/> \$20.00 x	
<input type="checkbox"/> Hair/Fibers Recovered	<input type="checkbox"/> Dress	<input type="checkbox"/> Skirt	<input type="checkbox"/> Slip	<input type="checkbox"/> \$10.00 x	
<input checked="" type="checkbox"/> Fingernail Scrapings	<input checked="" type="checkbox"/> Pants	<input type="checkbox"/> Shorts	<input type="checkbox"/> Belt	<input type="checkbox"/> \$5.00 x	
<input type="checkbox"/> Fingernail Clippings	<input type="checkbox"/> Panties	<input type="checkbox"/> Bra	<input checked="" type="checkbox"/> Underwear	<input type="checkbox"/> \$1.00 x	
<input type="checkbox"/> Anal Swab	<input type="checkbox"/> Dentures	<input type="checkbox"/> Left	<input type="checkbox"/> Right	(Coin)	
<input type="checkbox"/> Anal Smear	MISCELLANEOUS			<input type="checkbox"/> \$1.00 x	
<input type="checkbox"/> Oral Swab	<input checked="" type="checkbox"/> Watch	Black Plastic		<input type="checkbox"/> \$.50 x	
<input type="checkbox"/> Oral Smear	<input type="checkbox"/> Rings				<input type="checkbox"/> \$.25 x
<input type="checkbox"/> Vaginal Swab	<input type="checkbox"/> Earrings				<input type="checkbox"/> \$.10 x
<input type="checkbox"/> Vaginal Smear	<input type="checkbox"/> Necklace				<input type="checkbox"/> \$.05 x
<input checked="" type="checkbox"/> Blood FTA card	<input type="checkbox"/>				<input type="checkbox"/> \$.01 x
<input checked="" type="checkbox"/> Projectile + Fragment	<input type="checkbox"/>				TOTAL: .10x
<input checked="" type="checkbox"/> Fingerprints	<input type="checkbox"/>				
<input checked="" type="checkbox"/> Photo/CD	<input type="checkbox"/>				



Released by: (print/sign) B. Dorton *B. Dorton*

Agency: V.C.M.E.O. Date/Time Released: 2/28/12 1045

Received By: (print/sign) *UST Dana Smith @ Sanford Police Dept*

Date/Time Received: 02/28/12



Released by: (print/sign)

Agency: Date/Time Released:

Received By: (print/sign)

Date/Time Received:

Medical Examiner Transport for District 7 and 24

VOLUSIA

(386) 258-4060

Fax (386) 258-4061

SEMINOLE

DECEASED'S VALUABLES AND PERSONAL PROPERTY RECORD

Agency Sandford PID. Date 2-26-12 Time _____ a.m. p.m.

Full Name of Deceased Unit #3

Removal Address 2831 Retreat View Sandford

Age _____ Race B Sex M Inc# 120576199

DOB _____ SS# _____ Run# 0282 Case# 1224043

Enroute to scene 2150 a.m. p.m. Arrived at scene 2200 a.m. p.m.

Depart scene 2210 a.m. p.m. Arrive at MEO 2340 a.m. p.m.

Report () Charts () Meds () Blood () Urine () Photo ()

MALE

CLOTHES

FEMALE

Shoes <u>X</u>	Socks <u>X</u>	Stockings _____	Jacket <u>X</u>
Sweater _____	Coat _____	Tie _____	Shirt <u>X</u>
Dress _____	Blouse _____	Skirt _____	Pants <u>X</u>
Shorts _____	Belt _____	Undershirt _____	Underwear _____
Slip _____	Bra _____	Pajamas _____	Gown _____
Dentures U L			

Property Released To: Police () F.H.P. () M. E. Office () Hosp. ()

VCME TAS # 0000517, Black watch

Police Dept.: Sandford PID. County: Seminole

ID# A44

IN WITNESS THEREOF: THE UNDERSIGNED HEREBY ACKNOWLEDGES THE ABOVE MENTIONED ITEMS FULLY AND ACCURATELY REFLECTS THOSE BELONGINGS OF THE DECEASED, FOUND IN HIS/HER POSSESSION AT THE TIME OF TRANSFER BY MEDICAL EXAMINER TRANSPORT SERVICE.

Signature [Signature] SEMINO

ID PLACED BY WC

Veh # WRS 1 Driver: SM Attendant: WC

**OFFICE OF THE MEDICAL EXAMINER
Districts 7 and 24
DEATH CERTIFICATE WORKSHEET**

TSC
Investigator

Name: Martin, Treyven
UNIDENTIFIED #3 ME Case # 2012-24043

Age: 17 Date of Birth: 2-5-1995 Sex: M Race: Black

Residence: FLORIDA

Agency: Sanford Police Dept Case #: 2012-50001136

Place of Death: Courtyard behind 2861 Retreat View Circle

Date of death: 2/26/2012 7:30:00 PM Found?: No

(Check one) Autopsy Performed External Exam Only Records Review Only

Date of Examination 2/27/2012 Time of Examination 10:30 (Hour)

CAUSE OF DEATH: Gunshot Wound of Chest

Due to (b): _____

Due to (c): _____

Other Significant Conditions: _____

Manner of Death: Pending Natural Accident Suicide Homicide Undetermined

How Incident Occurred Shot by another person

SPECIMENS	Blood	Vitreous	Bile	Urine	Liver	Brain	Gastric	Serum	FTA	Organ Biopsies	Other
Sent	251 Pt 251	—	—	1 vial	—	—	—	—	—	1 Cass	—
Retained	151 Pt 251 251	1 vial	1 vial	1 vial	1B	1B	1B	1 vial	3 Card	1 Bag	1 green TAP

Photos: Yes No X-Rays: Yes No Identification: Yes Pending

PATHOLOGIST: [Signature] Infant Letter Needed Yes No

M.D./ Date: 02/27/12



Tissue Techniques
Pathology Labs, LLC
13018 Bee St. Ste. 100
Dallas, TX 76284-8158

Phone: 972-241-6277
Fax: 972-241-4747
Email: tissuetechpathology.com

Volusia County
1360 Indian Lake road
Daytona Beach, FL 32124
Phone: 386-258-4060
District 24 (Seminole)

Histology / Autopsy Requisition Form

Case No: 12-24-043

Name: Last UNIDENTIFIED #3 First

DATE: 2/27/2012

Pathologist: Bxo

Autopsy Assistant: Dothie

	Tissue Type	Number of Cassettes	Special Stains / Instructions	Clinical Information
A		1		
B				
C				
D				
E				
F				
G				
H				
I				

Total # of Cass. 1

DATE: 2/27/2012

Rel. by ME staff [Signature]

DATE: 2/29/12

of Cass. Recv. 1

Rec. by Tissue Tech [Signature]

DATE: 03-02-12A11:51 RCVD

of Blocks: 1

of Slides: 1

Rel. by Tissue Tech [Signature]

DATE: 3-7-12

of Blocks: 1

of Slides: 1

Rec. by ME staff [Signature]

DATE: 3.13.12



Tissue Techniques
Pathology Labs, LLC
13016 Bee BT ste. 100
Dallas, TX 75284-6159

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Fax: 972-241-4747
Email: tissuetechpathology.com

Volusia County
1360 Indian Lake road
Daytona Beach, FL 32124
Phone: 386-258-4060
District 24 (Seminole)

Histology / Autopsy Requisition Form

Case No: 12-24-043

Name: Last UNIDENTIFIED #3 First

DATE: 2/27/2012

Pathologist: Bao

Autopsy Assistant: Dorke

	Tissue Type	Number of Cassettes	Special Stains / Instructions	Clinical Information
A		1		
B				
C				
D				
E				
F				
G				
H				
I				

Total # of Cass. 1

DATE: 2/27/2012

Rel. by ME staff Bao

DATE: 2/29/12

of Cass. Recv.

Rec. by Tissue Tech

DATE:

of Blocks:

of Slides:

Rel. by Tissue Tech

DATE:

of Blocks:

of Slides:

Rec. by ME staff

DATE: