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NAME: CAMPOS RIOS, ALEJANDRO
DOB: 1/12/1974
CLIENT: ENTERTAINMENT INDUSTRY FOUNDATION (EIF), INC.
(YVONNE DE LA TORRE/MOTHER)
REPORT DATE: 4/7/2024

ACCESSION NO.: MLA24-00008
EXPIRATION DATE: 3/6/2024
AUTOPSY DATE: 4/7/2024

PROVISIONAL AUTOPSY FINDINGS

EXTERNAL EXAMINATION:

Un-embalmed, well-developed, and well-nourished, Hispanic male.
Early decomposition changes with greenish discoloration of the torso.
Multiple large and medium-sized written tattoos of the torso and upper and lower extremities.
Refer to the Evidence of Injury.

IDENTIFICATIONS:

- A. Name of the deceased & Case # written on the body bag, "24-1407 Alejandro Campos Rios."
- B. Multiple large and medium-sized written tattoos of the torso and the upper extremities of the deceased.

EVIDENCE OF INJURY:

MULTIPLE SHOTGUN WOUNDS TO THE RIGHT UPPER EXTREMITY AND THE TORSO ARE PRESENT.

#1 SUPERFICIAL GRAZE SHOTGUN WOUND OF THE BACK OF THE DISTAL RIGHT FOREARM:

- A. This superficial graze wound has an oval configuration and measures 2.0 x 4.0 cm without any gunpowder residue or stippling/tattooing within or around the wound.
- B. The wound is located at a point 19.0 cm above the right wrist joint.
- C. Trajectory of the wound: from back to front and somewhat upwards.
- D. No missile is recovered in relation to this wound at the 2nd autopsy.

#2 DEEPLY PENETRATING SHOTGUN WOUND OF THE BACK OF THE PROXIMAL RIGHT FOREARM CLOSE TO THE RIGHT ELBOW JOINT:

- A. Entrance shotgun wound defect is located in the back of the right forearm just below the elbow joint and located at a point 26.0 cm above the right wrist joint.
- B. The wound is oval and measures 5.0 x 4.0 cm in diameter and exhibits no grossly discernible gunpowder residue or tattooing/stippling within or around the wound.
- C. The path of the wound deeply penetrates the skin and the subcutis and deeply penetrates the forearm and causes fractures of the ulna and radius bones and injures the adjacent blood vessels with associated extensive acute hemorrhage along the wound path.
- D. Trajectory: from the deceased's back to front and somewhat upwards.
- E. No missile(s) are recovered during the 2nd autopsy. However, missile(s) would have been recovered during the 1st autopsy procedures.

#3 DEEPLY PENETRATING SHOTGUN WOUND OF THE LEFT ANTERIOR CHEST:

- A. Entrance shotgun wound defect is located in the left anterior chest at a point 40.0 cm below the top of the head and 10.0 cm to the left of the anterior vertical midline.
- B. The entrance wound defect measures 4.0 x 6.0 cm with a surrounding 9.0 x 6.0 cm red-purple contusion without any grossly discernible gunpowder residue or tattooing within or around the wound.
- C. The path of the wound deeply penetrates the skin and the underlying subcutis and deeply penetrates the chest cavity with a defect in the chest plate.
- D. The path of the wound causes injuries to the anterior left #5 intercostal muscles, the left lung with acute parenchymal hemorrhage, the heart, the aorta, and the posterior mediastinum; and most probably extensive bleeding within the left chest cavity (hemothorax) and most probably hemopericardium (bleeding within the pericardial sac) and possibly some right hemothorax.
- E. No missile(s) are recovered in relation with this shotgun wound. However, there would have been missile(s) recovered at the 1st autopsy.
- F. Trajectory: from the deceased's front to back and somewhat slightly upwards.

EVIDENCE OF RECENT MEDICAL INTERVENTION:

- A. Y-shaped thoraco-abdominal incision with sutures related to the 1st autopsy procedures.
- B. Intermastoid incision with sutures related to the 1st autopsy procedures.
- C. Two name tags around the left ankle joint.

INTERNAL EXAMINATION:

MUSCULOSKELETAL SYSTEM:

- A. Refer to the Evidence of Injury.
- B. Refer to the Evidence of Recent Medical Intervention.

RESPIRATORY SYSTEM:

Refer to the Evidence of Injury.
Bilateral acute hemorrhagic pulmonary and congestion.
No occlusive pulmonary thromboemboli are identified.
No gross evidence of tumor or malignancy or granulomata is identified.

CARDIOVASCULAR SYSTEM:

Refer to the Evidence of Injury.
No significant occlusive atherosclerosis of the epicardial coronary arteries is identified.

HEMIC SYSTEM:

Acute passive congestion of the spleen.
Lymph nodes and bone marrow are not remarkable.

GASTROINTESTINAL SYSTEM:

Acute passive congestion of the liver.
Stomach and small and large intestines are not remarkable.

GENITOURINARY SYSTEM:

Acute passive congestion of both kidneys.
Ureters and urinary bladder and prostate are not remarkable.

ENDOCRINE SYSTEM:

Thyroid gland, adrenals, and pancreas are not remarkable.

CENTRAL NERVOUS SYSTEM:

Marked acute cerebral edema congestion with early decomposition changes.
No scalp, epidural, subdural, or subarachnoid hemorrhages are identified.
No skull fractures are identified.

ORGANS OF SPECIAL SENSE(S):

EYES: Not remarkable.
EARS: Not remarkable.

NECK ORGANS:

Larynx, trachea, and mainstem bronchi are not remarkable.
No fractures of the laryngeal cartilages and hyoid are identified.
Tongue is not remarkable.

TOXICOLOGY:

Liver tissue is submitted to the Department of Forensic Toxicology, St. Louis University School of Medicine for comprehensive toxicology.

PHOTOS:

Yes.

X-RAYS:

None requested.

SUMMARY

In view of the clinical history and the findings at the 2nd autopsy, the cause of death in this male, Alejandro Campos Rios, is deeply penetrating shotgun wounds of the chest and the right forearm. The manner of death is homicide. According to the clinical history, the deceased was taser(ed) by the police before the police shot him with bean bag missiles.

NAME: CAMPOS RIOS, ALEJANDRO

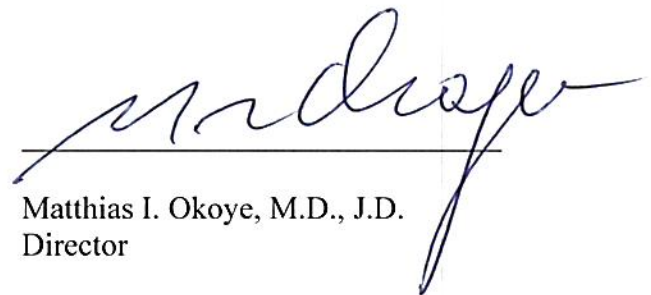
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THE ABOVE FINDINGS ARE ONLY PRELIMINARY; AND THE TOXICOLOGY, HISTOLOGY, AND OTHER STUDIES, AND THE REVIEW OF THE FIRST AUTOPSY REPORT, AUTOPSY PHOTOS, POLICE INVESTIGATIVE REPORTS, CRIME SCENE PHOTOS, ETC. ARE STILL PENDING AND THE FINAL SECOND AUTOPSY REPORT WILL BE ISSUED AFTER THESE HAVE BEEN REVIEWED IN SEVERAL WEEKS.

MIO/MIO

D: 4/7/2024

T: 4/7/2024



Matthias I. Okoye, M.D., J.D.
Director