

RAYMOND MATTIA

23-1802

MEDICAL EXAMINER REPORT

PIMA COUNTY, ARIZONA

TOHONO O'ODHAM POLICE DEPARTMENT

AGENCY CASE # 230518045

MAY 19, 2023

FINDINGS

- I. Perforating gunshot wound of torso (GSW #1)
 - A. Entrance: Anterior right shoulder
 - B. Perforates right shoulder and right upper back
 - C. Exit: Right upper back
 - D. No projectile or projectile fragments recovered
 - E. Direction: Backward and slightly downward

- II. Penetrating gunshot wound of torso (GSW #2)
 - A. Entrance: Left upper abdomen
 - B. Penetrates left hip
 - C. Projectile recovered
 - D. Direction: Leftward, downward, and backward

- III. Penetrating gunshot wound of torso (GSW #3)
 - A. Entrance: Left flank
 - B. Perforates colon, mesentery, liver, right hemidiaphragm, right sixth intercostal space; penetrates musculature of right chest sidewall
 - C. Associated with 300 mL hemoperitoneum and 700 mL right hemothorax
 - D. Projectile recovered
 - E. Direction: Rightward and upward

- IV. Perforating gunshot wound of torso (GSW #4)
 - A. Entrance: Left side of back
 - B. Fractures left twelfth rib; perforates left kidney, spleen, left hemidiaphragm, left eighth intercostal space; contuses left lung; penetrates left chest sidewall
 - C. Associated with 300 mL hemoperitoneum and 600 mL left hemothorax
 - D. Exit: Sidewall of left side of chest
 - E. No projectile or projectile fragments recovered
 - F. Direction: Leftward, slightly upward, and slightly forward

- V. Perforating gunshot wound of torso (GSW #5)
 - A. Entrance: Left buttock
 - B. Perforates soft tissues of torso
 - C. Exit: Right side of scrotum
 - D. No projectile or projectile fragments recovered
 - E. Direction: Forward and slightly rightward

- VI. Penetrating gunshot wound of right forearm (GSW #6)
 - A. Entrance: Ventral right forearm
 - B. Penetrates right forearm
 - C. Projectile recovered
 - D. Direction: Upward and backward

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- VII. Penetrating gunshot wound of left upper extremity (GSW #7)
 - A. Entrance: Posterolateral left elbow
 - B. Penetrates left forearm
 - C. Projectile recovered
 - D. Direction: Downward

- VIII. Perforating gunshot wound of right thigh (GSW #8)
 - A. Entrance: Proximal anterior right thigh
 - B. Perforates right thigh
 - C. Exit: Anteromedial right thigh (two exit wounds)
 - D. Projectile recovered
 - E. Direction: Downward and leftward

- IX. Penetrating gunshot wound of left thigh and torso (GSW #9)
 - A. Entrance: Anterolateral left thigh
 - B. Perforates soft tissues of left thigh and penetrates soft tissues of abdomen
 - C. Projectile recovered
 - D. Direction: Upward, slightly rightward, and slightly forward

- X. Graze wound of right second finger

- XI. Shrapnel injury of right forearm

- XII. Blunt force injuries
 - A. Skin abrasions, contusions/ecchymoses, and laceration
 - B. Fracture of right humerus

- XIII. Toxicology detected methamphetamine, methamphetamine metabolite amphetamine, ethanol, and free oxycodone; see separate Toxicology Report

OPINION

In consideration of the known circumstances surrounding this death, the available medical history, and the examination of the remains, the cause of death is gunshot wounds.

The manner of death is homicide.

Paige Peterson, MD
Paige A. Peterson, M.D.
Medical Examiner

June 14, 2023

Date Signed

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DATE OF DEATH: May 18, 2023 **TIME OF DEATH:** 2206 Hours

DATE OF EXAM: May 19, 2023 **TIME OF EXAM:** 0830 Hours

PLACE OF EXAM: Pima County Office of the Medical Examiner
2825 East District Street
Tucson, Arizona 85714

PERFORMED BY: Paige A. Peterson, M.D.

WITNESSED BY: Detective Rivas
Tohono O'odham Police Department

Special Agent Avilas
Federal Bureau of Investigation

Special Agent McGee
Federal Bureau of Investigation

CIRCUMSTANCES OF DEATH

According to investigative information, this 58-year-old man was shot by United States Border Patrol agent(s) at his residence. Death was pronounced at the scene.

PHOTOGRAPHS

Photographs are taken during the examination by Paige A. Peterson, M.D.

PRESENTATION OF THE BODY

The body is received in the supine position within a white body pouch, which is sealed with blue Pima County tamper-evident seal number 13006. The body is wrapped in a bloodstained white transport sheet, which is tied at the head and feet. Paper evidence bags are over the hands, secured with tape.

CLOTHING AND PERSONAL EFFECTS

See "Property/Evidence Log" for a complete list of clothing and personal effects received with the body.

EVIDENCE OF MEDICAL INTERVENTION

1. A black tourniquet encircles the left thigh.
2. Two clear adhesive defibrillator backings are on the back, overlying gunshot wounds, further described below; no soot or gunpowder stippling is seen on the underside of the defibrillator backings.

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EXTERNAL EXAMINATION

Injuries are described in a separate section, below.

General: The body is that of a well-developed, overnourished, medium-complexioned male appearing consistent with the listed age of 58 years. The body length is 66 inches, and the weight is 228 pounds. The body mass index (BMI) is 36.8 kg/m². The body is cold. Rigor mortis is fully developed in the jaw and extremities. Livor mortis is pink-purple and minimally blanching in a posterior distribution. The body is well preserved. The body is soiled with rocks, plant material, and dirt. Liquid blood and dried blood are on multiple body surfaces.

Head: The head is normocephalic. The scalp is covered with short mixed gray and black hair. The ears are normally formed. The irides are brown. Arcus senilis is present. The corneas are clear. The sclerae are white. The nose is intact. The lips are normally formed. The teeth are natural and in poor condition. The facial hair consists of mustache and stubble beard.

Neck: The larynx is in the midline.

Chest and abdomen: There are no palpable subcutaneous masses of the chest. The abdomen is slightly protuberant and slightly firm.

External genitalia: The external genitalia are those of an adult male. A testis is palpated in the left side of the scrotum. An implant is palpated in the right side of scrotum.

Upper extremities: The upper extremities are well-developed. Blue material is smeared on the dorsal aspects of the left thumb, second finger, and third finger as well as the pads of the fingers of the left hand. Blue material is smeared on the right second, third, and fourth fingers as well as the ventral right wrist.

Lower extremities: The lower extremities are well-developed without absence of digits. The toenails are intact. There is no edema of the lower extremities.

IDENTIFYING SCARS

1. Right thigh, 3-1/8 inches
2. Right inguinal area, obliquely-oriented linear, 4-3/8 inches
3. Midline anterior torso, vertical linear, 9 inches
4. Dorsal right hand, 1-3/4 inches
5. Anterior and medial left lower leg, multiple irregular scars, up to 2 inches

TATTOOS

1. Right upper arm, monochromatic
2. Left lower leg, monochromatic

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EVIDENCE OF INJURY

There are gunshot wounds and blunt force injuries of the body. The injuries are described by injury type and body region and are numbered for descriptive purposes only; no sequence is implied. The directions are stated with reference to standard anatomic planes.

Gunshot Wounds:

1. Perforating Gunshot Wound of Torso (GSW #1):

A gunshot entrance wound is located on the anterior right shoulder, centered 9 inches below the top of the head and 6-1/2 inches right of midline. It is a 3/8 x 1/4 inch oval defect. There is a 1/16 inch pink circumferential abrasion rim. There is a small amount of purple ecchymosis surrounding the wound. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the anterior right shoulder before exiting the soft tissues and skin of the right upper back. There is hemorrhage along the wound path.

A gunshot exit wound is located on the right upper back, centered 14-1/4 inches below the top of the head and 6-7/8 inches right of midline. It is a 5/8 x 1/8 inch slit-like defect. There is no abrasion of the wound edges.

No projectile or projectile fragments are recovered.

The direction this projectile traveled is backward and slightly downward.

2. Penetrating Gunshot Wound of Torso (GSW #2):

A gunshot entrance wound is located on the left upper abdomen, centered 25-1/8 inches below the top of the head and 1-1/2 inches left of midline. It is a 1/2 x 1/2 inch U-shaped defect with surrounding 3/4 x 5/8 inch pink abrasion. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the abdomen before penetrating the soft tissues of the left hip. There is hemorrhage along the wound path.

Recovered from the soft tissues of the left hip is a deformed, jacketed bullet with intact base. The projectile is photographed, labeled "projectile from Lt hip," and is retained as evidence.

The direction this projectile traveled is leftward, downward, and backward.

3. Penetrating Gunshot Wound of Torso (GSW #3):

A gunshot entrance wound is located on the left flank, centered 27-1/8 inches below the top of the head and 8-7/8 inches left of midline. It is a 3/8 x 1/4 inch ovoid defect. There is a circumferential red abrasion rim, which maximally measures 1/16 inch at the 4 o'clock position. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the left flank, descending colon, peritoneum, mesentery, right lobe of the liver, right hemidiaphragm, and right lateral sixth intercostal space and penetrates the musculature of the sidewall of the right side of the chest. There is 300 mL hemoperitoneum and 700 mL right hemothorax.

Recovered from the musculature of the sidewall of the right side of the chest is a deformed, jacketed bullet with intact base. The projectile is photographed, designated "projectile from rt chest," and is retained as evidence.

The direction this projectile traveled is rightward and upward.

4. Perforating Gunshot Wound of Torso (GSW #4):

A gunshot entrance wound is located on the left side of the back, centered 23 inches below the top of the head and 3/4 inch left of midline. It is a 1/4 x 1/4 inch circular defect. There is a circumferential red abrasion rim, which measures up to 1/8 inch at the 4 o'clock position. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the left side of the back, fractures the posterior left twelfth rib, perforates the upper pole of the left kidney, spleen, left hemidiaphragm, and left lateral eighth intercostal space before perforating the soft tissues and skin of the sidewall of the left side of the chest to exit. There is contusion of the lower lobe of the left lung. There is 300 mL hemoperitoneum and 600 mL left hemothorax.

A gunshot exit wound is located on the sidewall of the left side of the chest, centered 17-1/2 inches below the top of the head and on the midaxillary line. It is a 1/2 x 3/8 inch U-shaped defect. There is no abrasion of the wound edges.

No projectile or projectile fragments are recovered.

The direction this projectile traveled is leftward, slightly upward, and slightly forward.

5. Perforating Gunshot Wound of Torso (GSW #5):

A gunshot entrance wound is located on the left buttock, centered 37-1/2 inches below the top of the head and 1-3/8 inches left of midline. It is a 1/4 inch ovoid defect. A 1/4 x 3/8 inch elliptical pink abrasion extends from the 9 o'clock position to the 12 o'clock position, maximal at the 11 o'clock position. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the left buttock before perforating the soft tissues and skin of the right side of the scrotum to exit.

A gunshot exit wound is located on the right side of the scrotum, centered 36 inches below the top of the head and 1-1/2 inches right of midline. It is a 1-3/8 x 1/4 inch irregular defect. There is no abrasion of the wound edges.

No projectile or projectile fragments are recovered.

The direction this projectile traveled is forward and slightly rightward.

6. Penetrating Gunshot Wound of Right Forearm (GSW #6):

An atypical gunshot entrance wound is located on the ventral right forearm, centered 23-1/2 inches below the top of the head. It is a 5/8 x 3/8 inch irregular defect with surrounding 7/8 x 1/2 inch red abrasion. There is no soot or stippling of the adjacent skin.

The projectile penetrates the musculature of the right forearm. There is hemorrhage along the wound path.

Recovered from the proximal right forearm is a deformed, jacketed bullet. The projectile is photographed, designated "projectile from rt upper extremity," and is retained as evidence.

The direction this projectile traveled is upward and backward.

7. Penetrating Gunshot Wound of Left Upper Extremity (GSW #7):

A gunshot entrance wound is located on the posterolateral left elbow, centered 22 inches below the top of the head. It is a 5/8 x 1/4 inch irregular defect with surrounding 7/8 x 5/8 inch irregular red abrasion. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the left elbow before penetrating the subcutaneous tissue of the left forearm.

Recovered from the dorsal left forearm is a deformed, jacketed bullet with intact base. The projectile is photographed, designated "projectile from Lt upper extremity," and is retained as evidence.

The direction this projectile traveled is downward.

8. Perforating Gunshot Wound of Right Thigh (GSW #8):

A gunshot entrance wound is located on the proximal anterior right thigh, centered 32-7/8 inches below the top of the head. It is a 1/4 inch round wound with a 1/4 inch partial-thickness laceration radiating from the 4 o'clock position. A 1/4 inch pink abrasion extends from the 9 o'clock to 11 o'clock position. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the right thigh.

The gunshot wound is associated with two exit wounds of the anteromedial right thigh, with the superior exit wound centered 37-1/4 inches below the top of the head and the inferior exit wound centered 38-7/8 inches below the top of the head. The superior exit wound is a 1-3/8

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inch U-shaped defect. The inferior exit wound is a 1-1/8 inch slit-like defect with red-brown drying of the inferior wound edge.

A deformed, jacketed bullet rests on the right thigh and is connected to the superior exit wound by a thin string of connective tissue. The projectile is photographed, designated "Projectile on Rt thigh," and is retained as evidence.

The direction this projectile traveled is downward and leftward.

9. Penetrating Gunshot Wound of Left Thigh and Torso (GSW #9):

A gunshot entrance wound is located on the anterolateral left thigh, centered 45-3/4 inches below the top of the head. It is a 3/8 inch ovoid defect. A 3/8 x 3/8 inch elliptical red abrasion extends from the 4 o'clock position to the 8 o'clock position, maximal at the 6 o'clock position. There is no soot or stippling of the adjacent skin.

The projectile perforates the skin and soft tissues of the left thigh before penetrating the musculature of the left side of the abdomen. There is hemorrhage along the wound path.

Recovered from the musculature of the left side of the abdomen is a deformed, jacketed bullet. The projectile is photographed, designated "projectile from Lt abdomen," and is retained as evidence.

The direction this projectile traveled is upward, slightly rightward, and slightly forward.

10. Graze Wound of Right Second Finger:

A 3/8 x 1/4 inch wound exposing red subcutaneous tissue and fractured fingernail is located at the distal aspect of the second finger of the right hand. It is centered 34 inches below the top of the head. The direction this projectile traveled is indeterminate.

11. Shrapnel Injury of Right Forearm:

A 1/8 x 1/16 inch defect with surrounding 3/8 x 3/16 inch red abrasion is located on the ventral right forearm, 24 inches below the top of the head. There is scant surrounding purple ecchymosis.

Blunt Force Injuries:

HEAD

There are red abrasions on the forehead, ranging in size from 1/8 to 5/8 inch in greatest dimension. A 3/8 x 1/4 inch red abrasion is on the bridge of the nose. A 3/8 x 1/4 inch red-brown abrasion with overlapping partial thickness laceration is on the left cheek, medial to a punctate red abrasion. A punctate red abrasion is on the left side of the chin. A 1/4 x 3/16 inch red abraded contusion is on the superior right cheek.

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TORSO

A 5/8 x 1/4 inch red abrasion with overlapping 5/8 x 5/8 inch purple contusion is on the left lower quadrant of the abdomen. There are small, pink-tan, non-hemorrhagic abrasions on the right side of the upper back.

EXTREMITIES

There is a punctate purple contusion on the distal ventral right forearm. A 3/8 x 3/8 inch red abrasion is on the dorsal right hand, overlying the second metacarpophalangeal joint. There is displaced closed fracture of the right humerus. There is a small amount of hemorrhage of the musculature of the right upper arm.

A 2-1/2 x 1-3/4 inch purple ecchymosis is on the proximal lateral left forearm. A 1-1/4 x 1/2 inch pink contusion is on the distal medial left forearm.

Tan, non-hemorrhagic abrasions are on the left knee, up to 1/4 inch. Punctate, brown, scabbed abrasions are on the anterior left lower leg.

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

INTERNAL EXAMINATION

General Description:

The skeletal muscle is dark red with normal texture.

Body Cavities:

There are mild adhesions within the peritoneal cavity. There are no adhesions within the pericardial sac or pleural spaces. There is no abnormal collection of fluid within the pericardial sac.

Cardiovascular System:

The heart weighs 460 grams and shows a normal shape. The epicardial surfaces are smooth. The coronary arteries arise normally and are distributed in a left dominant pattern with minimal atherosclerosis. The chambers are not dilated. The chambers and valves are proportionate. The valves are normally formed, thin, pliable, and free of vegetations and degenerative changes. The myocardium is red-brown, firm, and free of fibrosis, erythema, pallor, and softening. The atrial and ventricular septa are intact, and the septum and free walls are free of muscular bulges. The left ventricle measures 1.5 cm, the right ventricle 0.4 cm, and the interventricular septum 1.5 cm in thickness. The aorta and its major branches arise normally and follow the usual course with minimal atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and their major tributaries are patent, return to the heart in the usual distribution, and are unremarkable.

Respiratory System:

The left and right lungs weigh 280 and 300 grams, respectively. The upper and lower airways are unobstructed, and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth and glistening. The uninjured pulmonary parenchyma is red-purple and free of consolidation and masses. The cut surfaces of the lungs exude minimal fluid. The pulmonary arteries are unremarkable and patent with no thromboemboli.

Hepatobiliary System and Pancreas:

The liver weighs 1720 grams. The uninjured hepatic capsule is smooth and glistening. The uninjured hepatic parenchyma is medium brown and slightly soft. The gallbladder is surgically absent; surgical clips are seen at the hilum of the liver. The pancreas has a normal size, shape, position, and tan lobulated appearance.

Gastrointestinal System:

The esophagus is lined by gray-white, smooth mucosa. The gastroesophageal junction is unremarkable. The gastric mucosa is intact and arranged in the usual rugal folds. The stomach lumen contains scant brown fluid. The small bowel has a uniform dimension. The appendix is not identified. The uninjured colon has a uniform dimension without diverticula or externally obvious masses.

Genitourinary System:

The left and right kidneys weigh 160 grams, each. The renal capsules strip with ease, and the cortical surfaces are smooth, red-brown, and firm. There is a 4 cm serous cyst of the cortex of the left kidney. The cortices are otherwise of normal thickness and delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder contains no urine. The bladder mucosa is gray-tan and smooth. The prostate has a tan cut surface and is not enlarged. The left testis shows tan homogeneous parenchyma. An implant is in the right side of the scrotum.

Reticuloendothelial System:

The spleen weighs 140 grams. The uninjured capsule is smooth. The uninjured parenchyma is red-purple and soft. Regional lymph nodes are grossly unremarkable. The thymus is involuted.

Endocrine System:

The thyroid gland is of normal position, size, and texture. The adrenal glands have normal cut surfaces with yellow cortex and brown medulla. The pituitary gland is grossly unremarkable.

Neck:

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and thyroid cartilage are intact. The laryngeal mucosa is unremarkable. The tongue is normal.

Head:

Reflection of the scalp reveals no abnormalities. The skull is of normal thickness and without fracture. The brain weighs 1460 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and transparent. There are no epidural, subdural, or subarachnoid hemorrhages. The cerebral hemispheres are symmetrical with a normal gyral pattern. The structures at the base of the brain are free of abnormality. Sections through the brain reveal no contusions, hemorrhage, or mass lesions within the cerebral hemispheres, brainstem, or cerebellum. The cerebral ventricles are of normal caliber.

Musculoskeletal System:

The spinal column is stable on internal palpation.

SPECIMENS

At the time of the examination, vitreous fluid, heart blood, and a DNA blood card are retained.

EVIDENCE

See "Property/Evidence Release Form" for evidence transferred to the investigating agency.

RADIOGRAPHS

Full body radiographs are performed and show projectiles retained in the torso and extremities.

HISTOLOGY

No histologic sections are taken for microscopic examination.

TOXICOLOGY

Toxicological testing detected methamphetamine, methamphetamine metabolite amphetamine, ethanol, and free oxycodone in the cardiac (heart) blood. Ethanol was also detected in the vitreous fluid. See separate Toxicology Report.