



**King County Medical Examiner's Office**

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[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

**DECLARATION OF  
CUSTODIAN OF RECORDS**

RE: Tommy LE (KCMEO 17-1179)

I, Samantha Barbour, being the duly authorized Deputy Custodian of Records for the King County Medical Examiner's Office (KCMEO) declare as follows:

1. The KCMEO maintains records on the above named decedent. As of the day of this declaration, the documents provided are a true and complete copy of the records of the above-mentioned decedent which were kept and maintained by the KCMEO in the usual course of business. To the best of my knowledge, no records have been omitted, except that no specimens, evidence, or human tissue are included.

2. Records of autopsy or post-mortem examinations are included in the records disclosed. These records are confidential and protected by law (RCW 68.50.105). These records are being released with appropriate authorization under that law.

3. During the normal course of an investigation, it is standard practice for the KCMEO to review protected health information from healthcare providers, if applicable. It is not the general practice of the KCMEO to retain any records from healthcare providers after this initial review; however information obtained from health records may be included in KCMEO records. If any healthcare records have been retained, they are included. If healthcare information is included herein, this information is being disclosed from records protected by State and Federal confidentiality rules. These rules prohibit you from making any further consent. A general authorization for the release of medical or other information is not sufficient for this purpose.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 1st day of September 2017, at Seattle, Washington

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SAMANTHA BARBOUR

# Medical Records

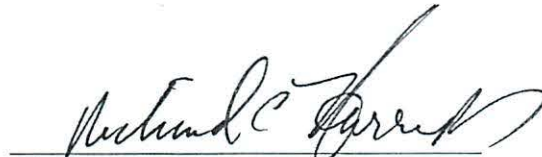
PATHOLOGICAL DIAGNOSES:

1. Penetrating handgun wound of the left lateral back.
  - a. Entrance wound, left lateral back.
  - b. Perforation of the left kidney, spleen and liver.
  - c. Bullet recovered from right anterior chest wall.
2. Penetrating handgun wound of the medial left back.
  - a. Entrance wound, medial left back.
  - b. Perforation of the right kidney and liver.
  - c. Bullet recovered from right lateral chest wall.
3. Perforating handgun wound of the left wrist.
  - a. Entrance wound, ulnar left wrist.
  - b. Perforation of soft tissues and 5<sup>th</sup> metacarpal bone.
  - c. Exit wound, palmar left hand.
4. Superficial blunt force injuries of the head, shoulders, trunk, and lower extremities.
5. Evidence of medical intervention including thoracotomy.

OPINION:

The cause of death of this 20-year-old man who died in hospital is multiple gunshot wounds sustained in a confrontation with police. The manner of death is classified homicide.

  
Brian Mazrim, MD  
Associate Medical Examiner

  
Richard Harruff, MD, PhD  
Chief Medical Examiner

02 August, 2017  
Date Signed

BM:kld

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DATE AND TIME OF EXAMINATION:

06/15/2017 @ 0800 hours.

EXTERNAL EXAMINATION:

IDENTIFICATION:

Identification is accomplished by name tags accompanying the body. In addition, photographs are taken under my direction for identification purposes. Also, a hospital identification tag labeled with the name "Yosef Doe" and the medical record number H4114601 is present around the right wrist.

CLOTHING AND PERSONAL PROPERTY:

The body is received nude. No clothing accompanies the body.

GENERAL DESCRIPTION:

The body is that of a normally developed well-nourished male appearing consistent with the documented age of 20 years. The body measures 5 feet 4 inches in length and weighs 123 pounds. At the time of autopsy, 3+ rigor mortis is established in the upper and lower extremities and the jaw. Blanching purple livor mortis is present over posterior surfaces of the body. The body is mildly warm to touch centrally.

The head is normocephalic and is remarkable for the focal superficial injury described below. The hair is black and measures up to 2.5 inches in length. Facial hair consists of a sparse mustache and goatee style beard. The pupils measure 5 millimeters bilaterally. The irides are brown. The conjunctivae are free of lesions. The teeth are natural and in an adequate state of repair. The oral mucosa is free of lesions. The ears are normally formed and free lesions. No piercings are evident. The trachea is midline and the neck is free of palpable masses.

The chest is symmetrical. The abdomen is flat. The external genitalia are those of a normal adult uncircumcised male. The testes are descended bilaterally.

The upper extremities are normally formed and remarkable for the injuries described below. The fingernails are neatly trimmed to within 1/16 inch of the nailbeds. The lower extremities are normally formed and remarkable for the focal superficial injury described below.



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The back is remarkable for the injury described below. The buttocks are unremarkable.

Identifying marks and scars include the following:

1. A tattoo reading "SEGO" present across the proximal phalanges of the right 2<sup>nd</sup> through 5<sup>th</sup> fingers.
2. A tattoo reading "Deaf" present along the dorsal aspects of the proximal phalanges of the left 2<sup>nd</sup> through 5<sup>th</sup> fingers.

MEDICAL THERAPY:

An endotracheal tube and orogastric tube enter the mouth. Intravenous access line enter the left subclavian region and bilateral inguinal regions. Single chest tubes enter bilateral axillae. A sutured thoracotomy incision extends transversely across the left anterior and lateral chest. A flutter valve enters the left upper chest.

EVIDENCE OF INJURY:

*Three gunshot wounds are present and are described below with reference to the anatomic position.*

1. PENTRATING HANDGUN WOUND OF THE LEFT LATERAL BACK:

ENTRANCE WOUND: A gunshot entrance wound is present on the left lateral back centered 4.25 inches to the left of midline and 42.5 inches superior to the heels. The defect is circular and is surrounded by concentric 0.05 inch abrasion margin. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track enters the body cavities through the left 11<sup>th</sup> intercostal space posterolaterally. The bullet track then perforates and transects the left kidney near its midpoint and then perforates the spleen and the liver. The bullet track exits the body cavities through the upper abdominal wall immediately inferior to the lower right costal margin.

RECOVERY OF PROJECTILE: A deformed copper jacketed bullet is recovered from the skin in a 0.7 x 0.4 inch stellate laceration centered 2.25 inches to the right of midline and 43.5 inches superior to the heel.

DIRECTION OF FIRE: Back to front, left to right, and slightly upwards.

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2. PENETRATING HANDGUN WOUND OF THE MEDIAL LEFT BACK:

ENTRANCE WOUND: A gunshot entrance wound is present on the medial left back centered 0.5 inches to the left of midline and 40.5 inches superior to the heels. The defect is circular and is surrounded by an eccentric beveled abrasion margin up to 0.25 inches in width, accentuated to the left. No soot or stippling is associated with the entrance wound.

PATH OF WOUND: The bullet track first traverses the subcutaneous soft tissues posterior to the spinal column and enters the body cavities through the right psoas muscle. The bullet track then perforates the right kidney and the liver and penetrates the right lateral chest wall below the costal margin.

RECOVERY OF PROJECTILE: A deformed copper jacket and adjacent lead core are recovered from the subcutaneous soft tissues of the right lateral chest wall centered 6 inches to the right of midline and 43 inches superior to the heel.

DIRECTION OF FIRE: Back to front, left to right and slightly upwards.

3. PERFORATING HANDGUN WOUND OF THE LEFT WRIST:

ENTRANCE WOUND: A gunshot entrance wound is present on the ulnar aspect of the left wrist. The defect is circular, measures 0.3 inches in diameter and is surrounded by an eccentric abrasion margin up to 0.15 inches in width, accentuated proximally. No soot or stippling is associated with the entrance wound; however, immediately distal to the entrance wound is a 0.25 inch laceration.

PATH OF WOUND: The bullet track perforates the soft tissues of the left wrist and fractures the proximal 5<sup>th</sup> metacarpal bone.

EXIT WOUND: A 2.4 x 0.6 inch stellate gunshot exit wound is present on the palm of the left hand immediately distal to the wrist.

DIRECTION OF FIRE: Right to left, back to front, and downwards.

In addition to the gunshot wounds described above, multiple superficial blunt force injuries and superficial probable puncture wounds are also present. A 0.75 x 0.5 inch abrasion is present on the right temple. A 1.7 x 0.4 inch abrasion extends to the right from midline on the anterior most submental surface of the chin. A 4 x 1.75 inch collection of punctate abrasions is present on the superior



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right shoulder. A puncture wound is present on the left anterior chest just above and medial to the left areola. Embedded within this superficial puncture wound appears to be a tiny fragment of copper colored metal. A superficial puncture wound is present in the right lower quadrant of the abdomen near the midline. Superficial abrasions up to 0.2 inches in diameter are present on the dorsal aspects of the left 3<sup>rd</sup> and 4<sup>th</sup> knuckles and 2<sup>nd</sup> and 3<sup>rd</sup> fingers. A 2 inch linear abrasion is present on the anteromedial mid right thigh. Superficial punctate and oblong abrasions are up to 0.75 inches in greatest dimension are present on the anterior aspect of bilateral knees. 0.5 inch abrasions are present on the medial right foot and medial left great toe.

INTERNAL EXAMINATION:

## HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is unremarkable and the skull is intact. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1412 grams and has normally configured gyri and sulci. The leptomeninges are thin and transparent. The cerebral vessels are unremarkable. The cortical gray ribbon is intact and the ventricular system is appropriate size. The deep cerebral nuclei and hippocampi are unremarkable. The brainstem and cerebellum are unremarkable. The skull base has the expected anatomic features. The proximal spinal cord, when viewed through the foramen magnum, is unremarkable.

## NECK:

Examination of the anterior soft tissues, cartilaginous and bony structures of the neck reveals no abnormalities. The usual anatomic relationships are preserved and the upper airway is not obstructed.

## BODY CAVITIES:

The organs are normally situated and there are no fibrous adhesions. Associated with the injuries previously described are a 550 milliliter hemothorax and a 200 milliliter hemoperitoneum. The pleural and peritoneal surfaces are smooth and glistening. The mediastinum and retroperitoneum have the expected anatomic features.

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CARDIOVASCULAR SYSTEM:

The heart weighs 259 grams. The epicardium is unremarkable. The chambers demonstrate their usual shape and configuration with no gross hypertrophy. The coronary arteries are normally disposed and free atherosclerosis. Cut surfaces of the myocardium are normal color and there is no thickening of the ventricular walls. The valves and atria are unremarkable. The aorta follows its usual course and the origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are in their usual positions and are unremarkable.

RESPIRATORY SYSTEM:

The larynx and trachea have no abnormalities and are continuous in the usual manner with the primary bronchi. The bronchi contain clear mucus. The right lung weighs 360 grams and the left lung weighs 501 grams. The parenchyma is deep red and congested. There is no consolidation, hemorrhage, mass or cavitary lesion. The bronchi and vasculature are normally distributed.

HEPATOBIILIARY SYSTEM:

The liver weighs 1170 grams and has a smooth glistening capsule. Injury has been previously described. Cut surfaces are otherwise uniformly red-brown and have the usual landmarks. The extrahepatic biliary system is unremarkable. The gallbladder contains approximately 5 milliliters of dark green viscous bile without stones.

LYMPHORETICULAR SYSTEM:

The spleen weighs 82 grams and is remarkable only for the injury previously described. The thymus is involuted and replaced by fat. The lymph nodes, where appreciated, are unremarkable.

URINARY SYSTEM:

The right kidney weighs 117 grams and the left kidney weighs 118 grams. Injury has been previously described. The cortical surfaces are smooth and the cortical architecture is normal. There is good cortico-medullary differentiation. The pelves have the usual anatomic relationships and are continuous into normal ureters which insert into an unremarkable bladder containing 10 milliliters of clear yellow urine.



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INTERNAL GENITALIA:

The prostate and testes are unremarkable.

GASTROINTESTINAL SYSTEM:

The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 300 milliliters of brown liquid. The gastric mucosa is unremarkable. The small and large intestines are unremarkable. The vermiform appendix is present.

ENDOCRINE SYSTEM:

The pancreas, pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

The vertebrae, clavicles, sternum, ribs, and pelvis are without fracture. The musculature is normally distributed and unremarkable. The abdominal fat measures 1 centimeter at the level of the umbilicus.

MICROSCOPIC:

HEART: No pathologic diagnosis.

LUNG: No pathologic diagnosis.

LIVER: A section of liver shows hemorrhage and tissue disruption.

KIDNEY: No pathologic diagnosis.

BRAIN (HIPPOCAMPUS): No pathologic diagnosis.

CYTOLOGY (ORAL AND  
ANAL SWABS): No sperm seen.

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EVIDENCE, RADIOGRAPHS, AND ANCILLARY PROCEDURES:

1. Samples are collected for toxicologic analysis; a separate report will be issued.
2. X-rays of the head, chest, abdomen, pelvis and left hand are taken prior to examination.
3. Evidence collected at the time of autopsy is detailed in the evidence inventory.
4. A urine dipstick shows a trace amount of ketones and no glucose.

JUL 28 REC'D



TOXICOLOGY LABORATORY  
WASHINGTON STATE PATROL

2203 Airport Way South Suite 360 Seattle, WA 98134  
(206) 262-6100 FAX No. (206) 262-6145

TOXICOLOGY TEST REPORT

JB 811

Attention: Dr. Brian Mazrim  
Agency: King Co Medical Examiner  
Address: Box 359792  
325 9th Ave  
Seattle, WA 98104-2499

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Tox Case #: ST-17-07279 Case Type: Death Investigation Report Date: 7/26/2017

Agency Case #: 17-01179

Subject Name: TENT: Tommy Le

Evidence: The following evidence was submitted to the Laboratory by Zachary Porras-Foye of the King Co Medical Examiner on 6/20/2017 via hand delivery:

- (1) ST-17-07279-A: VLavender, Blood - Hospital
- (2) ST-17-07279-B: PTubeSnap, Blood - Hospital
- (3) ST-17-07279-C: SST, Serum - Hospital
- (4) ST-17-07279-D: SST, Serum - Hospital

Volatile Analysis Results:

ST-17-07279-A: Blood - Hospital

ST-17-07279-A was tested by Headspace - Gas Chromatography for the presence of acetone, ethanol, isopropanol, and methanol on 07/13/2017. The following result was obtained:

None Detected

Drug Analysis Results:

ST-17-07279-B: Blood - Hospital

ST-17-07279-B was tested by Enzyme Multiplied Immunoassay Technique (EMIT) for the presence of amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, and opiates on 07/14/2017. The following result(s) was obtained:

None Detected

ST-17-07279-C: Serum - Hospital

ST-17-07279-C was tested by Gas Chromatography/Mass Spectrometry for the presence of basic drugs and metabolites on 07/20/2017. The following result(s) was obtained:

None Detected

COMMENTS

All testing was performed by the Forensic Scientist listed below except as otherwise indicated. The Forensic Scientist has technically reviewed all relevant pages of testing documentation in the case record.





Examined by:

*Dawn C. Sklerov*

Dawn C. Sklerov  
Forensic Scientist 3

Date: 7, 26, 17

Reviewed by:

*[Signature]*

Reviewer

Date: 7, 26, 17

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