



**MEDICAL EXAMINER AND
FORENSIC SERVICES**

Decedent: **Joseph Nagle** Case: **W22-0791**
Sex: Male
Age: 22 years

Date Pronounced Dead: June 16, 2022
Date of Exam: June 17, 2022
Time of Exam: 0725 hours
County: Allegan
Deputy Medical Examiner: Jared Brooks, M.D.
Autopsy Procedure: Full postmortem examination
Peron(s) in Attendance: Brenda Casperson, MI State Police

POSTMORTEM EXAMINATION REPORT

Investigative and Examination Findings:

- I. Circumstances:
 - A. Sustained a gunshot wound during altercation with law enforcement personnel
 - B. Emergency medical services contacted
 - C. Pronounced dead at scene
- II. Examination findings:
 - A. Penetrating gunshot wound of chest
 - i. Entry: anterior chest, slightly right of center
 - ii. Pathway: soft tissues of chest, right fourth intercostal space adjacent to sternum, anterolateral aspect of right ventricle, posterior aspect of right ventricle, descending thoracic aorta, anterior aspect of 12th thoracic vertebrae
 - iii. Recovery: deformed projectile from 12th thoracic vertebral body
 - iv. Associated with hemorrhage along projectile pathway, laceration of middle lobe of right lung, contusions of right lung and lower lobe of left lung, 650 mL right hemothorax, 300 mL hemoperitoneum, right fifth rib fracture
 - v. Direction of travel: front to back, slightly right to left, downwards
 - B. Additional injuries: cutaneous abrasions and contusions



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III. Postmortem toxicology: see separate report

Cause of Death:

Gunshot Wound of Chest

Manner of Death:

Homicide

CONCLUSION: Joseph Nagle, a 22-year-old male, sustained a gunshot wound during an altercation with law enforcement personnel on June 16, 2022. Emergency medical services were contacted, and he was pronounced dead at the scene that day. Additional details of this investigation are on file with the Allegan County Medical Examiner's Office.

The examination of the body was significant for a penetrating gunshot wound of the chest associated with a perforation of the right ventricle of the heart, perforation of the aorta, a right hemothorax, a hemoperitoneum, and a fracture of the twelfth thoracic vertebrae. A deformed projectile was recovered from the spinal column. See separate report for the results of postmortem toxicology testing.

Based on all information available to me at this time, the death of Joseph Nagle was caused by a gunshot wound of the chest. For the purposes of vital statistics and public health, the manner of death is best classified as homicide.

GENERAL EXTERNAL EXAMINATION

A tag attached to the transport pouch bears the name, "Nagle, Joseph." A seal securing the zippers on the transport pouch bears the number, "2342700." An identification badge is attached to the left shoe.

The remains are received wearing and with a previously cut black t-shirt, gray shorts, black boxer briefs, white socks, white and red athletic shoes, and paper bags over the hands. The clothing has defects that correspond to the injuries described elsewhere. No jewelry or currency accompanies the remains.

The body is that of a white male appearing consistent with the reported age of 22-years. The remains are 71 inches long and weigh 205 pounds, including the weight of the transport pouch and the decedent's belongings. The body habitus appears average (body mass index 28.6 kilograms per meter squared). As initially viewed, dry and clotted blood is on the chest and abdomen.

Postmortem changes:

The unembalmed body is cool to the touch. Rigor mortis is fixed in the mandible, upper extremities, and lower extremities. The posterior surfaces of the body have blanching red-purple lividity, except in areas of pressure.

With the exception of the injuries described in the "Evidence of Injury" section and the findings described in the "Evidence of Therapeutic Intervention" section, the external examination is as follows:

Head and Neck: The head is normocephalic. The scalp has brown hair. Facial hair consists of a brown mustache and black stubble on the cheeks and chin. The irides appear brown and the pupils measure 3 millimeters bilaterally. The sclerae are clear. There are no petechiae of the palpebral or bulbar conjunctiva. The ears are within normal limits. The septum is midline and has no perforations. The anterior teeth are natural and in a poor state of repair. The neck organs are in the normal midline position. The thyroid gland is not palpable.

Chest: The chest has a normal anteroposterior dimension. The nipples and breasts are symmetrical and are those of a phenotypic male. There are no palpable masses.

Abdomen: The abdomen is soft and has striae.

Genitalia: The external genitalia are those of an adult phenotypic circumcised male.

Anus: The anus is within normal limits.

Upper and lower extremities: The upper and lower extremities are well-developed and symmetrical. No recreational puncture wounds are seen. The fingernails and the toenails have been previously trimmed. The anteromedial aspect of the distal right thigh has a 1/8 x 1/8 inch oval purple-brown discoloration. Otherwise, the extremities have no edema or discoloration.

Back: The back and sacrum are within normal limits.

Evidence of therapeutic intervention:

An oral airway protrudes from the oral cavity and has been secured in place by elastic straps that encircle the neck. Adhesive electrocardiographic monitoring pads and defibrillator pads are in place. The center of the chest has an adhesive hemostatic bandage.

Identifying marks, scars, and tattoos:

Multiple variably oriented scars are on the dorsal aspects of the forearms, hands, and anterior aspects of the legs, ranging in size from 1/4 inch to 1 – 1/2 inches in greatest dimension.

EVIDENCE OF INJURY

Penetrating gunshot wound of the chest

A 1.2 x 1.1 centimeter circular gunshot entrance wound is located slightly to the right of the center of the chest. The wound has an eccentric marginal abrasion, up to 0.1 centimeters, from the 9:00 to the 12:00 positions. Gunpowder stippling is at the 9:00 to the 6:00 positions of the wound, extending up to 2.4 centimeters away from the wound. The wound does not have a muzzle imprint or gunpowder soot.

The wound is located 15 – 1/2 inches below the top of the head, 3/4 inch to the right of the anterior thoracic midline, 5 – 1/2 inches to the left of the right nipple, and 1/4 inch superior to the right nipple. The projectile sequentially perforated the soft tissues of the chest, right fourth intercostal space adjacent to the body of the sternum, anterolateral aspect of the right ventricle of the heart, posterior aspect of the right ventricle of the heart, descending thoracic aorta, and penetrated the anterior aspect of the twelfth thoracic vertebral body. A 1.6 x 1 x 1 centimeter deformed projectile was recovered from the anterior aspect of the twelfth thoracic vertebral body.

Associated with the wound is hemorrhage along the pathway of the projectile, a 3 centimeter laceration of the medial aspect of the middle lobe of the right lung, blue-purple contusions of the medial aspects of all lobes of the right lung and the diaphragmatic aspect of the lower lobe of the left lung, 650 milliliters of blood within the right pleural cavity, 300 milliliters of blood within the peritoneal cavity, and a fracture of the anterior aspect of the right fifth rib.

The direction of travel of the projectile, with the body in standard anatomic position, is front to back, slightly right to left, and downwards.

Additional injuries:

The right temporal region of the forehead has a 1/4 x 1/4 inch oval pink abrasion. The center of the lower lip has a 1/4 inch pink abrasion on the mucosal aspect. The lateral aspect of the left chest has a 1 x 1 inch faint yellow contusion. The anterior and medial aspects of the right arm and anterior aspect of the right forearm have scattered irregular to ovoid pink abrasions, ranging in size from 1/16 inch to 1/4 inch in greatest dimension. The posterior aspect of the left elbow has a 1/4 x 1/4 inch irregular pink abrasion. The anterior aspect of the proximal left forearm has scattered irregular to ovoid pink abrasions, ranging in size from 1/16 inch to 1/8 inch in greatest dimension. The right palm has a 3/4 x 1/8 inch diagonally oriented pink abrasion. The dorsal aspects of the metacarpophalangeal joints of the right hand have faint irregular pink contusions, up to 1/2 inch in greatest dimension. The dorsal aspects of the right third through fifth distal interphalangeal joints have irregular pink abrasions, ranging in size from 1/8 inch to 1/4 inch in greatest dimension. The lateral aspects of the distal right thigh and right leg have scattered irregular to ovoid red abrasions, ranging in size from 1/16 inch to 1/8 inch in greatest dimension. The medial aspect of the left knee has a 3/4 x 1/2 inch irregular brown abrasion. The medial aspect of the left leg has a 1/2 x 1/2 inch oval red-brown abrasion.

GENERAL INTERNAL EXAMINATION

BODY ORGANS

Heart 490 grams

Right Lung 310 grams

Left Lung 320 grams

Liver 2,050 grams
Spleen 220 grams
Right Kidney 190 grams
Left Kidney 210 grams
Brain 1,390 grams

The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a normal dark brown color and normal smooth texture.

Except for the abovementioned injuries, the internal examination is as follows:

Body cavities: The pericardial sac is glistening. The pleural cavities are smooth and glistening. The pleural cavities have no adhesions or effusions. The peritoneal surfaces are smooth and glistening. The peritoneal cavity has no adhesions or effusions.

Heart: The heart has the expected configuration. The epicardial surfaces are within expected limits. The coronary ostia have the usual configuration and are widely patent. The coronary arteries have a right-dominant circulation. On serial coronal sectioning, there are no significant areas of atherosclerosis, calcification, or thrombosis. The valve leaflets are thin, pliable and competent, and free of vegetations. The left ventricle is 1.4 centimeters, the interventricular septum is 1 centimeter, and the right ventricle is 0.4 centimeters in thickness measured 1 centimeter below the respective atrioventricular valve annulus. The circumferences of the valves measure as follows: tricuspid 10.8 centimeters, pulmonic 5 centimeters, mitral 10.3 centimeters, and aortic 5.6 centimeters. The endocardial surface is free of fibrosis. The trabeculae carne and papillary muscles are within normal limits. The myocardium has the normal red-brown color and consistency. There are no areas of fibrosis or scarring.

Aorta: The aorta has the usual configuration without aneurysmal dilatation. The intimal surface has the normal yellow color and no significant atherosclerosis.

Lungs: The right and left lungs have normal lobation. The visceral pleura is smooth and glistening. On cut surface, the parenchyma is congested. The lungs have no areas of consolidation, masses, or abscesses. The trachea and mainstem bronchi are free of foreign bodies, masses, or mucus. The hilar lymph nodes are not enlarged. The pulmonary arteries have no thrombi.

Liver and biliary tract: The liver capsule is intact, smooth, and glistening. The parenchyma has a red-brown color and soft texture. No nodules or masses are seen. A thin-walled gallbladder is present and contains thick, viscous bile. No calculi are present.

Pancreas: The pancreas has the usual size, shape, and tan lobular appearance.

Adrenal glands: The cut surfaces of the adrenal glands have yellow cortices and gray medullae. No nodules are seen.

Spleen: The spleen has a smooth intact capsule with a firm and red-brown parenchyma. No infarcts, nodules, scars, or cysts are seen.

Alimentary and Gastrointestinal tract:

Tongue: The tongue has the expected configuration and is without masses or hemorrhages.

Esophagus: The esophagus has a gray-white smooth mucosal surface. The gastroesophageal junction is within normal limits.

Stomach: The gastric mucosa has the usual rugal folds and the lumen contains approximately 150 milliliters of partially digested food material. No pill fragments are seen.

Small and large intestines: The serosal surfaces of the small and large intestines are within normal limits. No diverticula or masses are seen. A vermiform appendix is present.

Genitourinary tract:

Kidneys: The right and left kidneys have the expected placement and configuration. The cortical surfaces have a red-brown color and smooth texture. No infarcts, nodules, scars, or cysts are seen. The renal pelvis is free of stones.

Bladder: The bladder contains approximately 50 milliliters of clear, straw-colored urine. The bladder mucosa is gray-tan and smooth.

Prostate: The prostate has the expected size. No dominant nodules or areas of discoloration are seen.

Testes: The testes have the usual size and shape. No masses are seen.

Musculoskeletal: The cervical spine is stable. The thoracolumbar spine has the usual configuration. The vertebral bodies are without degenerative spurring or lipping.

Neck: The anterior neck musculature is dissected in a limited fashion. No hemorrhages are seen within the neck musculature. The hyoid bone and thyroid cartilage are intact and are without fracture or hemorrhage. The laryngeal mucosa is unremarkable. The thyroid gland has the usual position, red-brown color, and texture. No cysts or nodules are seen.

Central nervous system:

Reflection of the scalp reveals no subgaleal hemorrhages. The skull is intact with the expected thickness; there are no fractures. The dura is intact. No epidural, subdural, or subarachnoid hemorrhages are seen. The meninges are thin and translucent, without hemorrhages or exudates.

Brain: The cerebral hemispheres are symmetrical with the usual gyral pattern. The cranial nerves are intact and symmetrical. The vessels at the base of the brain have the usual configuration and no significant

changes of atherosclerosis. The cerebellar tonsils and uncus gyri are without herniation or grooving. Serial coronal sections through the cerebral cortex, white matter, midbrain, pons and medulla and sagittal sections through the cerebellum have no evidence of masses, hemorrhages, or contusions. After removal of the brain, the base of the skull does not demonstrate any fractures.

RADIOGRAPHY

Full-body radiographs are completed, and show a foreign body projectile within the thorax.

TOXICOLOGY

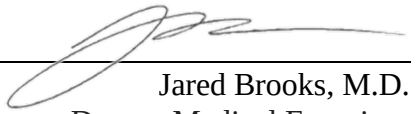
See separate report.

EVIDENCE RECOVERED AND RELEASED TO LAW ENFORCEMENT

- Retained projectile
- Pulled head hair
- Right and left fingernail clippings and clippers
- Fingerprints and palmprints
- Clothing
- Paper hand bags
- Photo USB
- Blood tube
- DNA card

ADDITIONAL PROCEDURES

- Photographs for identification and documentation purposes are obtained.
- Tissue samples are retained in formalin.
- Blood is submitted for a postmortem drug screen.
- Urine is submitted for a postmortem drug screen.
- Vitreous fluid is obtained for analysis, if indicated.
- Additional blood is obtained for analysis, if indicated.
- Fingerprints and palmprints are obtained.
- Blood is placed on a DNA card and is retained for analysis, if indicated.
- All clothing is released to law enforcement.
- The remains are released to the funeral home.
- Full-body radiographs are completed.



Jared Brooks, M.D.
Deputy Medical Examiner
July 25, 2022