



REPORT OF THE MEDICAL EXAMINER

Fulton County: Medical Examiner
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Case Number: 2025-02430

Name (First): Linton
(Last): Blackwell III

Age, Race, Sex: 44 - Black - Male

Cause of Death: Multiple gunshot wounds

Manner of Death: Homicide

Medical Examiner: Harrison Moosavi, M.D.

Procedure: Autopsy Monday, Oct 13, 2025
Harrison Moosavi, M.D.

Print Date: 10/21/2025

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REASON FOR PERFORMING AN EXAMINATION:

This 44-year-old male reportedly sustained multiple gunshot wounds outside of a bar. He was pronounced deceased at the scene.

SUMMARY OF FINDINGS:

- I. Indeterminate-Range Perforating Gunshot Wound of the Medial Right Upper Back
 - A. Entrance: Medial right upper back; no associated soot or gunpowder stippling.
 - B. Exit: Right lateral torso.
 - C. Direction of projectile: Back-to-front, left-to-right, and slightly downwards.
 - D. Associated injuries:
 - i. Superficial soft tissue pathway without significant associated injuries.

- II. Indeterminate-Range Perforating Gunshot Wound of the Lateral Right Upper Back
 - A. Entrance: Lateral right upper back; no associated soot or gunpowder stippling.
 - B. Exit: Right lateral torso.
 - C. Direction of projectile: Back-to-front, left-to-right, and slightly upwards.
 - D. Associated injuries:
 - i. Superficial soft tissue pathway without significant associated injuries.

- III. Indeterminate-Range Penetrating Gunshot Wound of the Right Buttock.
 - A. Entrance: Right buttock; no associated soot or gunpowder stippling.
 - B. No exit.
 - C. Direction of projectile: Back-to-front, left-to-right, and slightly downwards.
 - D. Associated injuries:
 - i. Fracture of the greater trochanter of the right femur.
 - E. Site of projectile recovery: Right greater trochanter.

- IV. Fourteen Comingling Indeterminate-Range Gunshot Wounds of the Torso.
 - A. Fourteen entrance wounds distributed across the posterior torso; no associated soot or gunpowder stippling around any of the wounds.
 - B. Nine exit wounds distributed across the chest and abdomen.
 - C. Directions of projectiles: Generally back-to-front, with one wound pathway terminating in the right posterolateral thigh also sharply downwards.
 - D. Associated injuries:
 - i. Ballistic injuries of the sternum, left anterior 5th rib, left lateral 6th rib and intercostal space, and right lateral 6th rib and intercostal space.
 - ii. Numerous ballistic injuries of the bilateral posterior ribs and intercostal spaces.
 - iii. Ballistic injuries of the heart, lungs, descending thoracic aorta, diaphragm, stomach, small intestines, large intestines, mesentery, liver, pancreas, spleen, and left kidney.
 - iv. Fractures of the T5-T6 vertebral bodies, T12-L1 vertebral bodies, and left ilium of the pelvis.

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- v. Transection of the thoracolumbar spinal cord with extensive associated spinal cord hemorrhage.
 - vi. Bilateral hemothoraces (Left – 250 mL; Right – 750 mL).
 - vii. Hemoperitoneum (approximately 200 mL of blood admixed with feculent debris and partially-digested food material).
- E. Sites of projectile recovery: Five projectiles recovered from the right chest (2), left abdomen, lumbar vertebral body, and right posterolateral thigh.
- V. Indeterminate-range superficial ballistic injury of the right buttock.
- A. Superficial laceration of the right superolateral buttock.
 - B. No associated soot or gunpower stippling.
- VI. Additional minor cutaneous injuries of the face, left lateral buttock, right posterior forearm, and bilateral lower extremities.
- VII. No evidence of active natural disease processes.

CAUSE OF DEATH:

Multiple gunshot wounds

MANNER OF DEATH:

Homicide

OPINION:

It is my opinion that the death of Linton Blackwell, III is the result of multiple gunshot wounds that caused the numerous injuries of the torso and right lower extremity described above.

The manner of death is classified as homicide.

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DATE, TIME, AND PLACE OF EXAMINATION:

Under the provisions of the Georgia Death Investigation Act, an autopsy was performed in the morgue of the Fulton County Medical Examiner's Center on October 13, 2025, commencing at 0910 hours.

PRESENTATION, CLOTHING, AND PERSONAL EFFECTS:

The body is received supine in a white plastic transport bag secured with a red plastic seal. Attached to the plastic seal and to the decedent's left ankle are Fulton County Medical Examiner's Center identification tags bearing the decedent's name and case number. The body is received with the hands secured in white paper evidence bags, which are removed and examined prior to autopsy and are then discarded.

Received with the decedent and retained as evidence for the investigating agency are:

- Two white socks
- Two black shoes
- Black pants
- Multicolored underwear
- White sweatshirt
- Black undershirt
- White undershirt

Examination of the decedent's clothing shows multiple numerous defects in the fabric of the sweatshirt, undershirts, pants and underwear, generally corresponding to the location of the gunshot wound injuries described below. Many of the defects in the fabric of the back of the sweatshirt display a circumferential cuff of black residue around the defects, compatible with bullet wipe. No discrete soot or gunpowder particles are identified on the items of clothing.

DIAGNOSTIC AND THERAPEUTIC DEVICES AND MARKINGS:

1. There is a clear adhesive bandage overlying several of the wounds on the central abdomen.

POSTMORTEM X-RAYS:

Two anterior-posterior postmortem x-rays are obtained and demonstrate the injuries described below. Numerous retained projectiles are in the torso and right lower extremity.

POSTMORTEM CHANGES:

The refrigerated body is cool to the touch. Rigor mortis is generalized and fully developed. Red postmortem lividity is fixed and posteriorly distributed, except in the regions of pressure. The corneas are clear. The vermilion borders of the lips are moist. The body is otherwise well-preserved.

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FEATURES OF IDENTIFICATION:

The unembalmed body is that of an adult male appearing consistent with the reported age of 44 years, measuring 71” in length and weighing 166 pounds. The decedent has an average build and appears normally developed and appropriately nourished (BMI: 23.1 kg/m²). The black head hair measures up to 1/4” in length. Black facial hair measures up to 1/4” in length. The irides appear brown. The natural teeth are in a good state of repair with a yellow metal plate covering the bilateral maxillary central and lateral incisors. There is a 1/2” x 1/4” tan scar on the left proximomedial thigh. There is a 1/2” circular tan scar on the left anterior thigh. There is a 3/8” circular tan scar on the right lateral thigh. There is a 1/2” x 3/8” tan scar on the right anterior knee. There is a 1/4” circular tan scar on the right medial knee. There is a 3/8” x 3/8” brown scar on the right posterior hand. There are no other distinct cutaneous marks or tattoos identified.

EVIDENCE OF ACUTE INJURY:

Note: A total of approximately 17 gunshot wounds and one superficial ballistic injury are identified. The number designations are for organizational convenience and do not imply the severity or order in which the wounds were inflicted. The wounds' measurements and directions are described with the body in the standard anatomical position.

I. Indeterminate-range perforating gunshot wound of the medial right upper back.

The entrance wound is on the medial right upper back (Injury “X” in corresponding photographs), approximately 20-1/4” below the top of the head and 1-1/4” right of the posterior midline. The entrance wound is round, 3/8” in diameter, with an eccentric 1/8” red marginal abrasion along the 8:00-1:00 wound edges. No soot or gunpowder stippling is seen.

The wound path tracks through the superficial soft tissue of the right upper back, does not penetrate into the thoracic cavities, and does not result in significant injuries to any vital structures.

The entrance wound probes to an associated exit wound on the right lateral torso (Injury “J” in corresponding photographs), approximately 20-1/2” below the top of the head and 7” right of the posterior midline. The exit wound is ovoid, 9/16” x 3/8”, with circumferentially abraded margins up to 1/8” in width.

The direction is back-to-front, left-to-right, and slightly downwards.

II. Indeterminate-range perforating gunshot wound of the lateral right upper back.

The entrance wound is on the lateral right upper back (Injury “Y” in corresponding photographs), approximately 22” below the top of the head and 3” right of the posterior midline. The entrance wound is round, 3/8” in diameter, with a circumferential 1/4” red marginal abrasion. No soot or gunpowder stippling is seen.

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The wound path tracks through the superficial soft tissue of the right upper back, does not penetrate into the thoracic cavities, and does not result in significant injuries to any vital structures.

The entrance wound probes to an associated exit wound on the right lateral torso (Injury “K” in corresponding photographs), approximately 21-3/4” below the top of the head and 7-1/2” right of the posterior midline. The exit wound is ovoid, 7/8” x 3/4”, and displays variably abraded margins up to 1/4” in width. A 1-1/2” x 1/2” brown-red abrasion extends from the 2:00 edge of the wound.

The direction is back-to-front, left-to-right, and slightly upwards.

III. Indeterminate-range penetrating gunshot wound of the right buttock.

The entrance wound is on the right buttock (Injury “CC” in corresponding photographs), approximately 33-1/2” below the top of the head and 2-1/2” right of the posterior midline. The entrance wound is round, 1/4” in diameter, with a circumferential 1/16” red marginal abrasion. No soot or gunpowder stippling is seen.

The wound path tracks through the soft tissue of the right buttock and fractures the greater trochanter of the right femur.

There is no associated exit wound. Recovered from the greater trochanter of the right femur is a medium-caliber jacketed projectile with ballistic markings. It is photographed with an identification tag bearing the decedent’s name, case number, date, my initials (HM), and “Right greater trochanter, femur”. The projectile and identification tag are placed in a clear plastic, gauze-padded box that is secured with evidence seal and placed in a locked receptacle prior to transport to the Georgia Bureau of Investigation.

The direction is back-to-front, left-to-right, and slightly downwards.

IV. Fourteen comingling indeterminate-range gunshot wounds of the torso.

Distributed across the posterior torso are 14 additional entrance gunshot wounds. The wound pathways for most of these gunshot wounds penetrate into the thoracic or abdominal cavities and comingle. Distributed across the chest and abdomen are 9 additional exit gunshot wounds. Recovered from the torso and right thigh are 5 additional projectiles. It is not possible to determine with certainty which entrance wounds correspond with which exit wounds or recovered projectiles, so they are listed separately below. With the exception of the wound pathway that tracks into the right posterolateral thigh, which displays a back-to-front and sharply downwards trajectory, the general directionalities of the remaining wound pathways are back-to-front.

A. Entrance gunshot wounds (14):

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- i. Left lateral upper back.**
The entrance wound is on the left lateral upper back (Injury “L” in corresponding photographs), approximately 16” below the top of the head and 8-1/2” left of the posterior midline. The entrance wound is round, 3/8” in diameter, with a 1/16” circumferential red marginal abrasion. No soot or gunpowder stippling is seen.
- ii. Left upper back.**
The entrance wound is on the left upper back (Injury “M” in corresponding photographs), approximately 16-1/2” below the top of the head and 6” left of the posterior midline. The entrance wound is round, 3/8” in diameter, with an eccentric 3/16” red marginal abrasion along the 6:00-2:00 wound edges. No soot or gunpowder stippling is seen.
- iii. Left mid back.**
The entrance wound is on the left mid back (Injury “N” in corresponding photographs), approximately 22-1/8” below the top of the head and 3-1/2” left of the posterior midline. The entrance wound is round, 1/4” in diameter, with a 1/16” circumferential red marginal abrasion. No soot or gunpowder stippling is seen.
- iv. Left mid back.**
The entrance wound is on the left mid back (Injury “O” in corresponding photographs), approximately 23” below the top of the head and 1-1/2” left of the posterior midline. The entrance wound is round, 3/8” in diameter, with a 1/8” circumferential red marginal abrasion. No soot or gunpowder stippling is seen.
- v. Left mid back.**
The entrance wound is on the left mid back (Injury “P” in corresponding photographs), approximately 23-1/4” below the top of the head and 4-3/4” left of the posterior midline. The entrance wound is round, 1/4” in diameter, with a 1/16” circumferential red marginal abrasion. No soot or gunpowder stippling is seen.
- vi. Left mid back.**
The entrance wound is on the left mid back (Injury “Q” in corresponding photographs), approximately 23-1/2” below the top of the head and 3-1/2” left of the posterior midline. The entrance wound is round, 1/4” in diameter, with a 1/16” circumferential red marginal abrasion. No soot or gunpowder stippling is seen.
- vii. Left flank.**
The entrance wound is on the left flank (Injury “R” in corresponding photographs), approximately 24-1/8” below the top of the head and 3-1/2” left of the posterior midline. The entrance wound is round, 1/4” in diameter, with a 1/16” circumferential red marginal abrasion. No soot or gunpowder stippling is seen.
- viii. Left flank.**

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The entrance wound is on the left flank (Injury "S" in corresponding photographs), approximately 25-1/2" below the top of the head and 4" left of the posterior midline. The entrance wound is round, 1/4" in diameter, with a 1/16" circumferential red marginal abrasion. No soot or gunpowder stippling is seen.

ix. Left flank.

The entrance wound is on the left flank (Injury "T" in corresponding photographs), approximately 26" below the top of the head and 3-1/2" left of the posterior midline. The entrance wound is round, 1/4" in diameter, with a 1/16" circumferential red marginal abrasion. No soot or gunpowder stippling is seen.

x. Left lower back.

The entrance wound is on the left lower back (Injury "U" in corresponding photographs), approximately 27-1/4" below the top of the head and 4" left of the posterior midline. The entrance wound is round and measures 3/16" in diameter. The 7:00-8:00 edge of the wound displays a focal 1/16" red abrasion. No soot or gunpowder stippling is seen.

xi. Left lower back.

The entrance wound is on the left flank (Injury "V" in corresponding photographs), approximately 27-3/8" below the top of the head and 4" left of the posterior midline. The entrance wound is round, 1/4" in diameter, with a 1/16" circumferential red marginal abrasion. No soot or gunpowder stippling is seen.

xii. Left lateral hip.

The entrance wound is on the left lateral hip (Injury "W" in corresponding photographs), approximately 29" below the top of the head and 6-1/2" left of the posterior midline. The entrance wound is round, 1/4" in diameter, with a 1/16" circumferential red marginal abrasion. No soot or gunpowder stippling is seen.

xiii. Right flank.

The entrance wound is on the right flank (Injury "Z" in corresponding photographs), approximately 25" below the top of the head and 2-1/2" right of the posterior midline. The entrance wound is round, 1/4" in diameter, with a 1/16" circumferential red marginal abrasion. No soot or gunpowder stippling is seen.

xiv. Right lower back.

The entrance wound is on the right lower back (Injury "AA" in corresponding photographs), approximately 29-1/2" below the top of the head and 2-7/8" right of the posterior midline. The entrance wound is round, 1/4" in diameter, with a 1/16" circumferential red marginal abrasion. No soot or gunpowder stippling is seen.

B. Exit gunshot wounds (9):

i. Right lateral chest.

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There is an incipient exit wound on the right lateral chest (Injury “A” in corresponding photographs), approximately 18” below the top of the head and 6-1/2” right of the anterior midline. The unabraded exit wound is slit-shaped and measures 3/8” x 1/4”.

ii. Central chest.

There is an exit wound on the central chest (Injury “B” in corresponding photographs), approximately 18-3/4” below the top of the head at the anterior midline. The unabraded exit wound is slit-shaped and measures 7/8” x 1/8”.

iii. Left central chest.

There is an exit wound on the left central chest (Injury “C” in corresponding photographs), approximately 19-3/8” below the top of the head and 1” left of the anterior midline. The unabraded exit wound is slit-shaped and measures 1” x 1/8”.

iv. Right upper abdomen.

There is an exit wound on the right upper abdomen (Injury “D” in corresponding photographs), approximately 22” below the top of the head and 1” right of the anterior midline. The unabraded exit wound is crescent-shaped and measures 5/8” x 1/8”.

v. Left upper abdomen.

There is an exit wound on the left upper abdomen (Injury “E” in corresponding photographs), approximately 22-1/2” below the top of the head and 1/2” left of the anterior midline. The unabraded exit wound is generally round, 3/4” x 3/4” , and displays a 1/2” triangular skin tag at the 9:00 edge of the wound.

vi. Central upper abdomen.

There is an exit wound on the central upper abdomen (Injury “F” in corresponding photographs), approximately 23-3/4” below the top of the head at the anterior midline. The unabraded exit wound is generally round, 1/2” x 1/2” , and displays a 3/8” triangular skin tag at the 4:00 edge of the wound.

vii. Right upper abdomen.

There is an exit wound on the right upper abdomen (Injury “G” in corresponding photographs), approximately 25-1/2” below the top of the head and 1” right of the anterior midline. The unabraded exit wound is slit-shaped and measures 1” x 1/8”.

viii. Right lateral abdomen.

There is an exit wound on the right lateral abdomen (Injury “H” in corresponding photographs), approximately 23-1/4” below the top of the head and 4-1/2” right of the anterior midline. The unabraded exit wound is generally round and measures 1/2” x 3/8”. The 3:00 edge of the wound displays a focal 1/8” brown abrasion. The skin surrounding the exit wound displays a faint red contusion extending up to 2” from the wound edges.

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ix. Right central abdomen.

There is an exit wound on the right central abdomen immediately to the right of the umbilicus (Injury "I" in corresponding photographs), approximately 26-3/4" below the top of the head and 5/8" right of the anterior midline. The unabraded exit wound is slit-shaped and measures 1/2" x 3/16".

C. Recovered projectiles (5):

i. Right chest.

Recovered from the subcutaneous tissue of the right chest, immediately below the incipient exit wound in this location (see exit Injury "A", described above) is a medium-caliber jacketed projectile with ballistic markings. It is photographed with an identification tag bearing the decedent's name, case number, date, my initials (HM), and "Right upper chest, incipient". The projectile and identification tag are placed in a clear plastic, gauze-padded box that is secured with evidence seal and placed in a locked receptacle prior to transport to the Georgia Bureau of Investigation.

ii. Right chest.

Recovered from the subcutaneous tissue of the right chest is a medium-caliber jacketed projectile with ballistic markings. It is photographed with an identification tag bearing the decedent's name, case number, date, my initials (HM), and "Right upper chest, subcutaneous". The projectile and identification tag are placed in a clear plastic, gauze-padded box that is secured with evidence seal and placed in a locked receptacle prior to transport to the Georgia Bureau of Investigation.

iii. Left central abdomen.

Recovered from the subcutaneous tissue of the left central abdomen is a medium-caliber jacketed projectile with ballistic markings. It is photographed with an identification tag bearing the decedent's name, case number, date, my initials (HM), and "Left abdomen, near umbilicus". The projectile and identification tag are placed in a clear plastic, gauze-padded box that is secured with evidence seal and placed in a locked receptacle prior to transport to the Georgia Bureau of Investigation.

iv. Lumbar vertebral body.

Recovered from the fractured L1 vertebral body is a medium-caliber jacketed projectile with ballistic markings. It is photographed with an identification tag bearing the decedent's name, case number, date, my initials (HM), and "Lumbar vertebral body". The projectile and identification tag are placed in a clear plastic, gauze-padded box that is secured with evidence seal and placed in a locked receptacle prior to transport to the Georgia Bureau of Investigation.

v. Right posterolateral thigh.

Recovered from the soft tissue of the right posterolateral thigh is a medium-caliber jacketed projectile with ballistic markings. It is photographed with an identification

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tag bearing the decedent's name, case number, date, my initials (HM), and "Right lateral thigh". The projectile and identification tag are placed in a clear plastic, gauze-padded box that is secured with evidence seal and placed in a locked receptacle prior to transport to the Georgia Bureau of Investigation.

D. Associated injuries:

- i. There is a fracture of the midline sternum at the level of the 4th ribs.
- ii. There is a fracture of the left 5th rib, anteriorly, near the costosternal junction.
- iii. There is a fracture of the left 6th rib, laterally, with an associated laceration of the left 6th intercostal space.
- iv. There is a fracture of the right 6th rib, laterally, with an associated laceration of the right 6th intercostal space.
- v. There are numerous fractures of the bilateral posterior ribs with extensive lacerations of the adjacent intercostal spaces.
- vi. There are two perforating wound pathways through the heart which lacerate the left and right ventricles.
- vii. There are lacerations of the right middle lobe, right lower lobe, left upper lobe, and left lower lobes of the lungs.
- viii. There is a laceration of the anterior descending thoracic aorta.
- ix. There are multiple lacerations of the diaphragm.
- x. There are multiple perforating wound pathways through the stomach, with spillage of food material into the peritoneal cavity.
- xi. There are numerous lacerations of the small intestines, large intestines, and mesentery with spillage of feculent debris into the peritoneal cavity.
- xii. There are multiple perforating wound pathways through the left lobe of the liver and a focal laceration of the inferior edge of the right liver lobe.
- xiii. There is a laceration of the body of the pancreas.
- xiv. There is a laceration of the spleen.
- xv. There are extensive lacerations of the upper portion of the left kidney.
- xvi. There are fractures of the T5-T6 and T12-L1 vertebral bodies. There is transection of the thoracolumbar spinal cord at the level of the T12-L1 vertebrae with extensive associated hemorrhages around the spinal cord.
- xvii. There are comminuted fractures of the left ilium of the pelvis.
- xviii. There are bilateral hemothoraces (Left – 250 mL; Right – 750 mL).
- xix. There is a hemoperitoneum (approximately 200 mL of blood admixed with feculent debris and partially-digested food material).

V. Indeterminate-range superficial ballistic injury of the right buttock.

There is a 1/2" x 3/16" laceration on the right superolateral buttock consistent with a superficial ballistic injury (Injury "BB" in corresponding photographs). The wound is located 29-3/4" below the top of the head and 4-3/4" right of the posterior midline. The wound path does not extend past the subcutaneous tissue. No soot or gunpowder stippling is seen.

VI. Additional cutaneous injuries:

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- A. There is a 1/4" circular red abrasion on the left forehead.
- B. There is a 1/2" x 1/2" red abrasion on the left forehead.
- C. There are two linear red abrasions, each 1/2" in length, on the left lateral eyebrow.
- D. There is a 1/2" x 1/2" red abrasion on the left lateral buttock.
- E. There is a 3/8" x 1/4" red abrasion on the right posterior forearm.
- F. There is a 1/4" circular red abrasion on the right anterolateral knee.
- G. There is a 3/8" linear red abrasion on the right anterior lower leg.
- H. There is a 1/2" x 1/4" red abrasion on the left anterior lower leg.
- I. There is a 1/4" x 1/4" black-red abrasion on the left anterior lower leg.
- J. There is a 1/4" x 1/8" red abrasion on the left anterior lower leg.

EXTERNAL EXAMINATION:

The head and soft tissues of the face and neck are normally formed and display the injuries described above. The facial bones and mandible are free of palpable fractures. Neither ocular nor facial petechiae are present. The sclerae are anicteric. The conjunctivae are pale. The nose is normally formed. The nasal vestibules are clear. The lips, teeth, tongue, gums, and buccal mucosa are unremarkable. The external ears are unremarkable.

The trachea is in the midline of the neck. The neck is neither crepitant nor excessively mobile. No palpable masses are present.

The chest and back are symmetrical and well developed. The flat abdomen is free of palpable organomegaly. The spine is straight.

The extremities are symmetrical and well developed. The appendicular skeleton is stable to manipulation. The hands and feet are normally formed. All the digits are present.

The external male genitalia, perineum, and anorectal areas are normally formed and atraumatic. Aside from the injuries described above, the inguinal regions and buttocks are unremarkable.

There is no cervical, axillary, or inguinal lymphadenopathy.

INTERNAL EXAMINATION:

Note: The acute injuries, having been described above in "EVIDENCE OF ACUTE INJURY", will not be repeated below.

Head:

The scalp is reflected using the standard intermastoidal incision. There is no scalp trauma. The calvarium is intact. The dura is intact and free of discoloration and thickening. The base of the skull is examined after stripping the dura and is intact. The leptomeninges are thin and transparent. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1400 grams. The gyri and sulci are of normal distribution and development. There are no lesions of the cortical gray

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ribbon, white matter, or deep gray matter structures indicative of natural disease processes. Neither brain swelling nor herniation is noted. The normally distributed blood vessels of the circle of Willis are free of atherosclerosis and aneurysms. The substantia nigra is normally pigmented. The cerebellum, brainstem, upper cervical spinal cord, and ventricular system are normally formed. The cerebrospinal fluid is clear.

Neck:

The skin of the neck is dissected to the angle of the mandible. The tongue is atraumatic. There is no trauma of the soft tissues, airway, or vital structures in the neck. No airway mucosal edema is present. The hyoid bone and laryngeal cartilages are intact. The epiglottis is neither inflamed nor edematous. No foreign objects are in the airway. The carotid vessels are pliable and patent. The anterior cervical spine and atlanto-occipital joint are stable to manipulation.

Chest and Abdomen:

See "EVIDENCE OF ACUTE INJURY". The skin of the chest and abdomen is reflected using the usual Y-shaped incision. The subcutaneous fat is up to 1/2" in thickness at the level of the umbilicus. The subcutaneous fat, musculature, and chest plate display the injuries described above. Upon removal of the chest plate, there is approximately 250 mL of blood in the left chest cavity, 750 mL of blood in the right chest cavity, and approximately 200 mL of blood admixed with partially digested food material and feculent debris within the peritoneal cavity. Examination of the organs in situ reveals normal organ morphology and relationships. The diaphragm is normally formed and displays the injuries described above. The organs are removed using the Virchow technique.

Cardiovascular System:

See "EVIDENCE OF ACUTE INJURY". The heart weighs 420 grams and exhibits normal four-chambered anatomy. The ventricles are of normal thickness. The widely patent coronary arteries are normally distributed. Aside from the injuries described above, the epicardium, valve leaflets, chordae tendineae, endocardium, and myocardium appear normally formed. The aorta and its normally distributed major branches exhibit no atherosclerosis. There is an injury of the descending thoracic aorta, as described above.

Respiratory System:

See "EVIDENCE OF ACUTE INJURY". The trachea, hilar structures, and major vessels are normally formed. The right and left lungs each weigh 380 grams. Aside from the injuries described above, the pleural surfaces are smooth. Neither lung exhibits consolidation, thrombosis, embolism, infarction, or neoplasia.

Gastrointestinal System:

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See “EVIDENCE OF ACUTE INJURY”. The esophagus is lined by unremarkable tan-gray mucosa. The gastroesophageal junction is unremarkable. The stomach displays the injuries described above. Aside from the injuries described above, the gastric mucosa is normally rugated and the stomach contains a small amount of residual partially digested food material and blood. The small bowel, colon, and rectum are normally formed and display the injuries described above. The appendix is in the right lower abdominal quadrant.

Hepatobiliary System:

See “EVIDENCE OF ACUTE INJURY”. The liver weighs 1400 grams and displays the injuries described above. Excluding ballistic trauma, the parenchyma is brown and homogeneous and free of mass lesions. The gallbladder contains a small amount of viscous brown bile. The mucosa is unremarkable. No gallstones are present. The pancreas is of normal size, has the usual lobular architecture, and is free of fibrosis and fat necrosis. There is an injury of the body of the pancreas, as described above.

Urogenital System:

See “EVIDENCE OF ACUTE INJURY”. The right and left kidneys weigh 160 grams and 140 grams, respectively. The upper portion of the left kidney is extensively disrupted by ballistic injuries, as described above. The capsule of the right kidney strips with ease to reveal a smooth cortical surface. Excluding ballistic trauma, the cut surfaces including the pyramids, pelves, calyces, and vessels of both kidneys are unremarkable. The ureters are of normal caliber. There are no lesions of the mucosa, wall, or serosa of the urinary bladder, which contains a small amount of translucent yellow urine.

The homogenous tan-white parenchyma of the small prostate gland is free of nodularity. The testes are symmetrical. The light brown parenchyma is unremarkable.

Reticuloendothelial System:

See “EVIDENCE OF ACUTE INJURY”. The spleen weighs 100 grams and displays the injuries described above. Excluding ballistic trauma, the cut surface is dark red. The red pulp and white pulp appear normally distributed. Regional lymph nodes are unremarkable. The involuted thymus gland is replaced by adipose tissue.

Musculoskeletal System:

See “EVIDENCE OF ACUTE INJURY”.

Endocrine System:

The symmetrical thyroid gland is of normal size. The tan-brown parenchyma is free of nodules, hemorrhages, and cysts. The adrenal glands are of normal size and free of hemorrhage and nodularity. The grossly unremarkable pituitary gland is of normal size.

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THE MEDICAL EXAMINER**

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OTHER PROCEDURES:

1. Urine and blood samples are submitted to the Georgia Bureau of Investigation for toxicologic analysis. The results will be a separate report as part of the case file.
2. Two air-dried blood spot cards are retained in this facility.
3. Documentary and identification photographs are obtained.
4. Serum, blood, vitreous fluid, and archival tissue samples are retained in this facility.
5. The examined organs are returned to the body cavity.
6. The clothing is handled as described in the text.
7. Six projectile boxes are forwarded to the Georgia Bureau of Investigation.
8. An agent from the Georgia Bureau of Investigation is present at the autopsy and provides preliminary investigative information.

HSM:ab

Dictated: 10/13/2025

Transcribed: 10/21/2025

Pathologist:



Harrison Moosavi, M.D.

Date 10/21/2025

Associate Medical Examiner

Reviewed by:



Karen E. Sullivan, M.D.

Date 10/21/2025

Chief Medical Examiner