REPORT OF FINDINGS

LOS ALAMOS COUNTY POLICE ADM.

1/30/2003

Decedent: BURICK RICHARD J
OMI #: 1338-103-1LA
Date report issued: 1/30/2003
Place pronounced: Scene
County pronounced: Los Alamos

Cause of Death: Gunshot wound of head
Manner of Death: Suicide

Date of Injury: 1/23/2003
Place of Injury: Parking lot
Location of Injury: Rural, Los Alamos, NM
How Injury Occurred: Shot self with handgun

Autopsy performed by:
Joseph P. O'Hara, MD
Jeffrey S Nine, MD

Death Certificate signed by:
Jeffrey S. Nine, MD
Deputy Medical Investigator:
Robert Shutles
Wendy Honeyfield

District Attorney:
Los Alamos County
Law Enforcement Agency/Agent:
Los Alamos PD/Off. Hein
Hospital:

Other Agency:

For details concerning this death, contact the law enforcement agency listed, records section.

For copies of the Death Certificate, contact the Bureau of Vital Statistics
1190 St Francis Dr, PO Box 26110, Santa Fe, NM 87502.

Appropriate investigative reports are available from the Medical Investigator, as required by law. Fees are assessed where required. A review of the reports in the Albuquerque office of the Office of the Medical Investigator is available upon request.

All requests for reports are to be directed to:
Office of the Medical Investigator
University of New Mexico
Health Science Center
Albuquerque, NM 87131-5091
POSTMORTEM EXAMINATION

An autopsy is performed on the body identified as Richard Burick at the Office of the Medical Investigator, State of New Mexico, on the 24th day of January, 2003, commencing at 9:30 AM.

The body is received within a sealed body bag, with a "State of New Mexico, Office of the Chief Medical Investigator" evidence label, bearing the following printed and handwritten information: "Name of Deceased: Richard Burick; Sealed by: 5.67; Date: 1/23/03".

EXTERNAL EXAMINATION

The body is that of a well developed, well nourished, adult, Caucasian male who weighs 214 pounds, is 72 inches in length, and appears compatible with the stated age of 63 years. There is a pink OMI identification band around the left wrist labeled "Richard, Burick, DOD 1/23/03, 5.67". There is a green OMI identification band on the left wrist labeled "Burick, Richard, 1338-103-1LA, 63/M/A".

The body is received clad in one blood-soaked gray cotton/nylon zipperered vest labeled "Cabelas Outdoor Gear/large", one blood-soaked black cotton long-sleeved "Polo"-style shirt labeled "Lands End size large", one pair of wet gray cotton sweatpants labeled "Progear size large", one white plastic adult diaper, one pair of blue-white, leather-nylon athletic shoes labeled "ASICS 10 1/2" and two white and gray cotton socks. The body is accompanied by a bag of fragmented brain matter with admixed skull fragments weighing 500 grams, and a blood and soot covered baseball cap with a gunshot defect as described below.

The body is cool. Rigor mortis is present in the jaw, fingers, arms and legs. Fixed dark red livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is gray, wavy, measures 3-6 inches in length over the back of the head and demonstrates a male balding pattern. The irides are green. The pupils are bilaterally equal at 0.5 cm. The cornea are translucent. The sclerae and conjunctivae are unremarkable. No petechial hemorrhages are identified on the sclerae, bulbar conjunctivae, facial skin or oral mucosa. The nose and ears are not unusual. The decedent is clean shaven. The teeth are natural and in good condition. The neck is unremarkable.

The thorax is well developed and symmetrical. The abdomen is flat. The anus and back are unremarkable.
The penis is circumcised. The testes are bilaterally descended within the scrotum.

The upper and lower extremities are well developed and symmetrical, without absence of digits.

Identifying marks and scars include the following:

There is a 1 inch curvilinear hypopigmented scar approximately 1 inch above the midline of the left eyebrow. On the anterior aspect of the mid upper right arm is a 1 inch horizontal linear hypopigmented scar. There is a vertical linear hyperpigmented scar 1/2 inch to the right of the midline of the abdomen that extends 6 1/4 inches below the umbilicus. Multiple irregular 1/4 to 1/2 inch hypopigmented scars on the posterior aspect of the forearms and hands. On the anteromedial aspect of the distal left thigh is a 2 inch oblique linear hypopigmented scar. A 1 x 1/4 inch oval hypopigmented scar is on the anterior aspect of the right knee.

There are multiple 1 inch to 1/2 inch irregular black-gray crusted papules on the chest, arms and back.

There is no evidence of acute medical intervention.

EVIDENCE OF INJURY:

GUNSHOT WOUND OF THE RIGHT SIDE OF THE HEAD:

Centered on the right side of the head, 6 1/2 inches above the right heel, 6 inches to the right of the anterior midline and directly above the superior attachment of the ear, is a complex gaping stellate laceration measuring approximately 13" x 7 inches overlying an open complex skull fracture with protruding brain matter. Re-approximation of the skin edges demonstrates a 3/4 x 3/8 inch oval defect with a 1/4 inch in width circumferential pink marginal abrasion which is widest at the 4 o'clock position consistent with an entrance gunshot wound.

Soot is visible on the reapproximated skin edges and within the hemorrhagic wound track. Gunpowder particles are identified on the skin surrounding the entrance gunshot wound by dissecting microscope examination.

The hemorrhagic wound track sequentially perforates the scalp, creates a 1 inch irregular fragmented inwardly beveled defect of the right temporal bone of the skull, passes through the coverings of the brain, the right cerebral hemisphere (with complete disruption and displacement from the skull), forms an approximately 1 inch in diameter hemorrhagic defect of the left parietal
lobe of brain and exits the left side of the head through a 1 x 1/2 inch oval outwardly beveled defect of the left parietal bone of the skull.

Associated injuries include an extensive complex skull fracture extending from the entrance and exit gunshot wounds through the bones of the cranial vault, orbital plates and base of skull including sphenoid and petrous bones. Additionally, there are diffuse subscalpular, subdural and subarachnoid hemorrhages, a 1 1/2 x 3/4 inch crescentic mottled purple-red contusion of the left upper eyelid, a 3/4 inch horizontal linear laceration of the free edge of the mid upper left eyelid and a 3/4 x 1/4 inch ovoid purple contusion of the lateral aspect of the right lower eyelid.

No missile is recovered.

On the left side of the head, centered 6 1/4 inches above the right heel, 7 inches to the left of the anterior midline and directly above the posterior aspect of the left helix, is a 6 x 4 inch complex stellate laceration without marginal abrasion consistent with an exit gunshot wound.

The trajectory is from the decedent's right to left, slightly backward and slightly upward.

Hands: Brown paper bags are taped over the right and left hands. Gunpowder particles (retained as evidence) are identified on the lateral aspect of the right hand by dissecting-microscopic examination.

CLOTHING:

Baseball cap: On the right side of the baseball cap is an approximately 1 inch irregular frayed defect surrounded by abundant soot corresponding to the entrance gunshot wound of the right side of the head.

BLUNT FORCE INJURIES:

There is a 3/4 x 1/4 inch light red abrasion on the inferolateral aspect of the left side of the forehead. On the lower right quadrant of the abdomen is a 1/2 inch round dark yellow contusion.

INTERNAL EXAMINATION

BODY CAVITIES: No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are in normal and anatomic position, with surgical absence of the appendix. The serous surfaces are smooth and glistening.
HEAD (CENTRAL NERVOUS SYSTEM): The extensively fragmented right cerebral hemisphere is received separately from the body and weighs approximately 500 grams.

The intact left cerebral hemisphere and cerebellum measure 700 grams. The dura mater, falx cerebri, and leptomeninges are extensively lacerated as described. The structures at the base of the brain, including cranial nerves and blood vessels, are extensively lacerated and cannot be evaluated. Sections through the intact left cerebral hemispheres reveal no pre-existing lesions within the cortex, subcortical white matter, or deep parenchyma. Due to architectural disruption, the cerebral ventricles cannot be evaluated. Sections through the brain stem and cerebellum are unremarkable. The spinal cord is not directly examined.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: The heart weighs 310 grams. The pericardial sac is free of significant fluid or adhesions. The pericardial surfaces are smooth, glistening, and unremarkable.

The coronary arteries arise normally and follow the distribution of a right dominant pattern with moderate atherosclerotic stenosis of the proximal left anterior descending coronary artery and entire right main coronary artery.

The chambers and valves bear the usual size/position relationship, are morphologically normal and are unremarkable. There is mild calcification of the aortic valve. The valves are free of vegetations.

The myocardium is dark red-brown, firm, and unremarkable; the atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. There is no focal or regional fibrosis, erythema, pallor or softening. The left ventricle measures 1.5 cm. and the right ventricle measures 0.4 cm. in thickness as measured 1 cm. below the respective atrioventricular valve annulus. The interventricular septum measures 1.4 cm. in thickness.

The aorta and its major branches arise normally and follow the usual course, with mild atherosclerosis of the arch and abdominal segments. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM: The right and left lungs weigh 310 and 280 grams, respectively. The upper and lower airways are patent, and the mucosal
surfaces are smooth, yellow-tan, and unremarkable. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is light pink and the cut surfaces exude slight amounts of blood and frothy fluid. There is diffuse calcification of the lower lung lobes. The pulmonary arteries are normally developed and patent. There is no saddle embolus on in situ examination of the pulmonary trunk.

LIVER AND BILIARY SYSTEM: The liver weighs 1680 grams. The hepatic capsule is smooth, glistening, and intact, covering red-brown parenchyma. The gallbladder contains 10 ml. of dark yellow viscid bile. The extrahepatic biliary tree is patent.

ALIMENTARY TRACT: The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 100 ml. of chunky tan material and one bright white semi-dissolved pill. The small and large bowel are unremarkable. The appendix is surgically absent. The colon contains formed stool. The pancreas has a normal tan lobulated appearance.

GENITOURINARY TRACT: The right and left kidneys weigh 170 and 180 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are of normal thickness and sharply delineated from the medullary pyramids. The calyces, pelvis, and ureters are unremarkable. The urinary bladder contains 80 ml. of clear yellow urine; the mucosa is gray-tan and smooth.

The bilaterally descended testes are unremarkable. The prostate is not present secondary to previous surgical resection. There is a 0.5 cm. rubbery nodule 1 cm. distal to the bladder neck.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 105 grams and has a smooth intact capsule covering red-purple moderately firm parenchyma. The splenic white pulp is grossly unremarkable. The regional lymph nodes appear normal. The bone marrow (rib) is red-purple.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues are not unusual.

MICROSCOPIC EXAMINATION

HEART: Multiple sections demonstrate unremarkable approximately 50% atherosclerotic occlusion of the proximal left anterior descending and right
main coronary arteries. The epicardial and endocardial surfaces are unremarkable and there is no identifiable myocardial ischemia or inflammation.

LUNGS: Multiple sections show diffuse emphysematous change and focal ossification. There is no identifiable inflammation or fibrosis.

LIVER: Section reveals maintenance of the normal hepatic lobular architecture with mild diffuse macrovesicular steatosis. There is no identifiable inflammation or fibrosis.

KIDNEY: Section demonstrates mild vascular congestion but no identifiable tubule, interstitial, vascular or glomerular abnormality.

PANCREAS: Section reveals marked autolysis without identifiable pre-existing inflammation or fibrosis.

PERIURETHRAL SOFT TISSUE: Section of nodule demonstrates pleomorphic glandular structures without identifiable basal cells infiltrating skeletal muscle consistent with a well differentiated prostate adenocarcinoma.

BRAIN: Sections of cerebrum (hippocampus) and cerebellum (dentate nucleus) show autolytic change.

Radiographs: Anterior-posterior x-ray of the head reveals an extensive complex skull fracture and multiple minute metal fragments.

EVIDENCE

The following items are collected: blood spot, pulled scalp hair and trace evidence consisting of gunpowder particles collected from the lateral aspect of the right hand.

PATHOLOGIC DIAGNOSES

I. Gunshot wound of the right side of the head, with exit
   A. Entrance gunshot wound at the right side of head with a marginal abrasion, soot, gunpowder particle deposition and extensive radiating lacerations

   B. Perforation of skull, right cerebral hemisphere and left parietal lobe of brain

   C. Associated injuries include a complex skull fracture including cranium and base of skull, bilateral periorbital
Toxicologic analysis demonstrated no identifiable alcohol or drugs of abuse.

The manner of death is suicide.

Joseph O'Hara, M.D.
Fellow in Forensic Pathology

Jeffrey S. Nine, M.D.
Medical Investigator

## 1338-103-1LA/ BURICK, RICHARD J/ JN/ JO/ ik 3/17/2003

All Signatures Electronically Authenticated.
Final Date: 3/17/2003
contusions and expulsion of right cerebral hemisphere from the cranial vault
D. Exit gunshot wound at left side of the head
E. Trajectory is from the decedent's right to left, slightly backward and slightly upward

II. Blunt trauma
A. Abrasion of lower left forehead
B. Contusion of lower right quadrant of abdomen (remote)

III. Moderate atherosclerotic cardiovascular disease
A. Moderate (50%) atherosclerotic stenosis of the proximal left anterior and proximal right main coronary arteries
B. Mild atherosclerosis of aortic arch and abdominal segment
C. Mild calcific aortitis

IV. Focal pulmonary ossification
V. History of prostatic adenocarcinoma
A. Remote prostatectomy
B. Focal recurrent well differentiated prostate adenocarcinoma

VI. Remote appendectomy
VII. Mild diffuse, emphysematous charge of lungs
VIII. Mild hepatic steatosis

This 63 year old male, Richard Burick, died of a gunshot wound of the head. According to the investigator's report, Mr. Burick was witnessed to drive into the parking lot of a ski area, park, walk to the front of his automobile and fire a revolver at the right side of his head.
Emergency medical services found him lying supine in front of the vehicle with large wounds to the right and left sides of the head and abundant blood/brain matter present on the vehicle and surrounding ground.
It is reported that he may have suffered from recurrent prostate cancer and may have been the subject of an investigation related to his job.
Autopsy revealed a contact entrance gunshot wound of the right side of the head with exit and an extensive complex skull fracture with avulsion of brain matter. Additional findings included moderate atherosclerotic cardiovascular disease and a small (0.5 cm) nodule of well differentiated prostatic adenocarcinoma in the periurethral soft tissue.