

SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
5230 Medical Center Drive  
Dallas, Texas 75235

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DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Case No. JP4206-07-30S5JP

Name: Payne, Nichole

Age: 35                      Race: White                      Sex: Female

Date of Death: 11 DEC 2007                      Date of Examination: 12 DEC 2007  
Time of Death: Found 9:16 am                      Time of Examination: 7:15 am

Pronounced at: 1146 N. Hwy 37  
Quitman, Wood County, Texas

AUTOPSY REPORT:

ORGAN WEIGHTS:

Brain	1200 g	R. Lung	610 g	R. Kidney	120 g
Heart	240 g	L. Lung	250 g	L. Kidney	100 g
Liver	1390 g	Spleen	130 g		

This autopsy is performed at the request of Clarence Holmes, Justice of the Peace, Precinct 3, Wood County, Texas.

EXTERNAL EXAMINATION:

The body is identified by tags. Photographs, fingerprints, palm prints, and radiographs are taken.

When the body is first viewed, the hands are observed not to be covered.

The body is received wearing a gray T-shirt and gray sweatpants. Accompanying the body within plastic bags are a fitted, a flat sheet, two pillows, one of which exhibits a perforating defect, a white blanket, and a tan comforter. Blood is on all of the items. The items are retained. No personal effects or jewelry are present on the body.

The body is that of a normally-developed white female which appears consistent with the recorded age of 35 years. When nude, it measures 65 inches (165.1 cm) in length and weighs 122 pounds (55.3 kg). There is good preservation in the absence of embalming. Rigor mortis is present. Lividity is fixed and primarily located on posterior body surfaces. The body is cool subsequent to refrigeration.

Name: Payne, Nichole

The hairline is normal and there is an average amount of medium length brown hair. The irides are brown and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose and lips are unremarkable. The mouth has natural dentition. The neck is without masses or unusual mobility. The chest and breasts are symmetrical. The back is unremarkable. The abdomen is flat. The extremities are symmetric. The external genitalia, perineum and anus are unremarkable.

**IDENTIFYING MARKS AND SCARS:**

None present.

**EVIDENCE OF TREATMENT:**

- Cardiac monitor pads affixed to back.

**EVIDENCE OF INJURY:**

**GUNSHOT WOUND OF HEAD:**

The scalp exhibits complex lacerations involving the entire cranium. Multiple continuous lacerations result in tags of tissue which can be reapproximated. At a point just inferior to the external occipital protuberance, reapproximation of tags of skin reveals an apparent round entrance defect measuring approximately  $\frac{3}{8}$  of an inch in diameter. No abrasion, soot or stippling is present.

The direction of the bullet is primarily back to front and upward.

A discrete bullet track cannot be identified. The cranium and base of the skull exhibit extensive comminuted fracturing and the cranium is open, with traumatic evacuation of the cranial cavity. Partially pulped brain matter accompanies the body. A discrete exit wound is not identifiable.

Deep to the apparent entrance wound are fragments of bone, which when reapproximated, form a semicircular defect measuring approximately  $\frac{3}{8}$  of an inch in diameter. The edges of the outer table of the bone are smooth and the edges of the inner table exhibit beveling. A few specks of green to black gunpowder are noted on the inner surfaces of the bone.

Associated with the gunshot wound is red to purple ecchymosis in the periorbital regions.

**EVIDENCE SUBMITTED:**

The following items are collected, sealed within appropriately-labeled containers, and submitted directly to law enforcement at the time of autopsy:

- Blood standard
- Head hair standard
- Gunshot residue kit
- Hair collected from around gunshot wound.



Name: Payne, Nichole

The clothing and bedding are sealed within two bags and submitted to the Criminal Investigation Laboratory after drying.

**INTERNAL EXAMINATION:**

**BODY CAVITIES:** The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

**HEAD:** See previous description. The spinal cord, as viewed from the cranial cavity, is unremarkable.

**NECK:** The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. The endocardium is free of mural thrombi. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, without focal abnormalities.

**RESPIRATORY SYSTEM:** The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the right lung discloses a dark red-blue, markedly congested parenchyma. Sections of the left lung are unremarkable.

**HEPATOBIILIARY SYSTEM:** The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 25 cc of dark green bile, with no calculi.

**GASTROINTESTINAL SYSTEM:** The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

**GENITOURINARY SYSTEM:** The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 70 cc of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The uterus, fallopian tubes, and ovaries are unremarkable externally and upon sectioning.

**ENDOCRINE SYSTEM:** The thyroid and adrenal glands are unremarkable externally and upon sectioning.

Case No: JP4206-07-3055JP

Name: Payne, Nichole

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Page 4

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

Name: Payne, Nichole

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**FINDINGS:**

**I. Gunshot wound of head:**

- A. Entrance: inferior occipital scalp.
  - 1) Apparent range of fire: powder particles identified within cranium; close/contact range.
- B. Bullet direction is primarily back to front and upward, without an identifiable wound track.
- C. Bullet track is through occipital bone (fractured) and brain, to exit cranium with no discrete exit wound identified.
  - 1) Cranium and bones at the base of the skull, extensive comminuted fracturing.

**CONCLUSION:**

Based on the autopsy and the history available to us, it is our opinion that Nichole Payne, a 35-year-old white female, died as the result of a gunshot wound of the head.

**MANNER OF DEATH:** Homicide.

**TOXICOLOGY:**

Blood: Alcohols and Acetone - negative.  
 Cannabinoid Screen - negative.  
 Drug Screen - 0.07 mg/L tramadol.  
                   0.35 mg/L diphenhydramine.  
                   0.16 mg/L citalopram.  
                   0.10 mg/L norpropoxyphene.

Vitreous: Alcohols and Acetone - negative.

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Protocol typed by Ellen Christopher