

**OFFICE OF THE MEDICAL EXAMINER
DISTRICT NINE
2350 E. Michigan Street
Orlando, Florida 32806-4939**

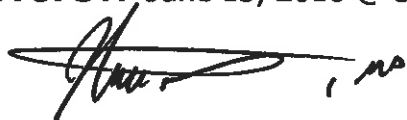
REPORT OF AUTOPSY

DECEDENT: OMAR MIR SEDDIQUE MATEEN **CASE NUMBER:** ME 2016-000921

MANNER OF DEATH: Homicide **IDENTIFIED BY:** Photo ID

AGE: 29 years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 @ 3:00 p.m.

 e/s/16

PERFORMED BY: Joshua D. Stephany, MD, Chief Medical Examiner

CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

- I. Penetrating gunshot wound of the head and neck:
 - A. Entrance wound on the superior right scalp
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Multifocal subgaleal hemorrhage
 - D. Linear and comminuted fractures of the base of the skull and calvaria
 - E. Lacerations of the right cerebral hemisphere
 - F. Cortical contusions of the cerebral hemispheres
 - G. Lacerations of the right cerebellum
 - H. Oval defect in the right occipital bone
 - I. Lacerations and hemorrhage of the musculature of the posterior right neck
 - J. Deformed projectile recovered from the musculature of the right neck
 - K. Direction of the path of the wound is front to back and downward

continued...

Findings continued ...

- II. Perforating gunshot wound of the right chest:
 - A. Entrance wound on the right chest
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Lacerations and hemorrhage of the musculature of the right chest
 - D. Fractures of the proximal right clavicle
 - E. Exit wound on the inferior right neck
 - F. Fragments of projectile recovered along the path of the wound
 - G. Direction of the path of the wound is right to left and upward

- III. Perforating gunshot wound of the right chest:
 - A. Entrance wound on the lateral right chest
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Lacerations and hemorrhage of the musculature of the lateral right chest
 - D. Exit wound on the lateral right back
 - E. Direction of the path of the wound is front to back, slightly right to left, and downward

- IV. Penetrating gunshot wound of the abdomen:
 - A. Entrance wound on the right abdomen
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Lacerations and hemorrhage of the subcutaneous soft tissue and musculature of the abdomen
 - D. Projectile fragment recovered from the subcutaneous soft tissue of the right abdomen
 - E. Direction of the path of the wound is right to left and slightly upward

- V. Penetrating gunshot wound of the right lower extremity:
 - A. Entrance wound on the posterior right calf
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Lacerations and hemorrhage of the musculature of the right lower extremity
 - D. Fractures of the right tibia and fibula
 - E. Fragmentation of projectile within the soft tissue and musculature of the right lower extremity by x-ray
 - F. No fragments recovered from the path of the wound
 - G. Direction of the path of the wound is back to front, right to left, and upward

- VI. Perforating gunshot wound of the right foot:
- A. Entrance wound on the bottom of the right foot
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Lacerations and hemorrhage of the musculature and soft tissue of the right foot
 - D. Fractures of the bones of the right foot
 - E. Exit wound on the lateral right foot
 - F. Direction of the path of the wound is left to right, front to back, and upward
- VII. Perforating gunshot wound of the right foot:
- A. Entrance wound on the bottom of the right foot
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Lacerations and hemorrhage of the musculature and soft tissue of the right foot
 - D. Fractures of the bones of the right foot
 - E. Exit wound on the superior aspect of the right foot
 - F. Direction of the path of the wound is back to front and upward
- VIII. Perforating gunshot wound of the 2nd digit of the right foot:
- A. Entrance wound on the distal inferior aspect of the 2nd digit of the right foot
 - B. Stippling, soot, and muzzle imprint are absent
 - C. Fractures of the phalanges of the 2nd digit of the right foot
 - D. Exit wound on the superior distal aspect of the 2nd digit of the right foot
 - E. Direction of the path of the wound is upward
- IX. Pseudo-stippling of the right face, right ear, and right neck
- X. Blunt force injuries of the torso:
- A. Abrasion and contusion of the lateral right chest

TOXICOLOGY ANALYSIS: See laboratory report.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body and toxicology analysis, it is my opinion that the death of Omar Mir Seddique Mateen, a 29-year-old white male, shot by law enforcement, is the result of multiple gunshot wounds.

The manner of death is homicide.

MATEEN, OMAR MIR SEDDIQUE
ME 2016-000921
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The autopsy of the body of Omar Mir Seddique Mateen is performed pursuant to Florida Statute 406.11 by Joshua D. Stephany, MD, Chief Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 13, 2016 at 3:00 p.m.

IDENTIFICATION: The body of Omar Mir Seddique Mateen is identified via comparison of decedent to photograph associated with Florida Driver License #M350-653-86-416-0. The identification is made by Special Agent Lee, of the Federal Bureau of Investigations (FBI), on June 12, 2016 @ 7:00 p.m., at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: At the time of examination, the decedent is dressed in a green/blue/white plaid short-sleeved, button-down dress shirt, white T-shirt, tan pants with attached black belt and gun holster, green underwear, a pair of black socks, a pair of gray socks, and a pair of black boots. A green paracord bracelet is around the right wrist. A black digital watch is around the left wrist. A white metal ring with brown stones is on the 4th digit of the left hand.

GENERAL STATEMENT: The body is that of a well-developed, well-nourished, 69 inch, 227 pound, adult white male, consistent with the reported age of 29 years. The hands and feet are sealed in brown paper bags at the scene and the seals remain intact at the time of examination.

EXTERNAL EXAMINATION

The scalp is covered by less than 1 cm long, brown hair. The irides are brown and the sclerae are white. The conjunctivae have no petechiae. The external nose has no trauma and the nasal septum is intact. The frenula are intact and the oral mucosa has no trauma. The teeth are natural and in adequate condition.

The torso has no congenital deformities, scars, or tattoos. The external genitalia are those of a circumcised adult male. The pubic region and abdomen are shaven antemortem to just above the umbilicus.

The extremities have no congenital deformities, scars, or tattoos.

EVIDENCE OF INJURY

Penetrating gunshot wound of the head and neck:

A 4 x 2 cm stellate entrance gunshot wound is on the superior right scalp, centered ½ inch right of the midline. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the skin of the superior right scalp, right frontal parietal bones, posterior right cerebral hemisphere, right cerebellum, right occipital bone, and musculature of the right neck.

A partially-deformed, copper-jacketed lead projectile is recovered from the musculature of the posterior right neck.

Associated with the path of the wound are multifocal diffuse subgaleal hemorrhage, linear and comminuted fractures of the base of the skull and calvaria, lacerations of the posterior right cerebral hemisphere, lacerations of the right cerebellum, multifocal subarachnoid hemorrhage, cerebral cortical contusions, oval defect of the base of the right occipital bone, and lacerations and hemorrhage of the soft tissue and musculature of the right posterior neck.

Direction of the path of the wound is front to back and downward.

Perforating gunshot wound of the right chest:

A 2 x 0.6 cm entrance gunshot wound is on the right chest, 19¼ inches below the top of the head and 3 inches right of the anterior midline. A up to 0.4 cm-wide circumferential pink-red abrasion rim is around the wound, greatest at the 12 o'clock position. A 0.2 x 0.2 cm round pink-red abrasion is adjacent to the entrance wound at the 6 o'clock position. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the soft tissue and musculature of the right chest and exits the inferior right neck.

A 2 x 1 cm oval exit wound is on the inferior right neck, 11¾ inches below the top of the head and 1½ inches right of the anterior midline.

Associated with the path of the wound are lacerations and hemorrhage of the musculature of the right chest, fractures of the proximal right clavicle, and fragments of projectile recovered along the path of the wound.

Direction of the path of the wound is right to left and upward.

Perforating gunshot wound of the right chest:

A 1.2 x 1 cm oval entrance gunshot wound is on the lateral right chest, 23½ inches below the top of the head and 8½ inches right of the anterior midline. A up to 4 cm irregular, pink-orange abrasion is adjacent to the entrance wound at the 12 o'clock position. A 1.5 cm irregular pink-red abrasion is adjacent to the entrance wound at the 6 o'clock position. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the soft tissue and musculature of the right lateral chest and exits the right lateral back.

A 2 x 2 cm stellate exit wound is in the lateral right back, 25¾ inches below the top of the head and 8 inches right of the posterior midline.

Associated with the path of the wound are lacerations and hemorrhage of the soft tissue and musculature of the lateral right chest.

Direction of the path of the wound is front to back, slightly right to left, and downward.

Penetrating gunshot wound of the abdomen:

A 1 x 0.5 cm oval entrance gunshot wound is on the right abdomen, 25½ inches below the top of the head and 2½ inches right of the anterior midline. A 0.5 cm black abrasion is adjacent to the entrance wound at the 12 o'clock position. An irregular pink contusion is around the entrance wound. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the musculature and soft tissue of the abdomen. A fragment of copper jacketed lead projectile is recovered from the subcutaneous soft tissue of the right abdomen.

Direction of the path of the wound is right to left and slightly upward.

Penetrating gunshot wound of the right lower extremity:

A 1 x 0.5 cm oval entrance gunshot wound is in the posterior right calf, 11 inches above the bottom of the right heel. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the soft tissue and musculature of the right calf.

Multiple fragments of projectile are identified on the x-ray of the right lower extremity. Fragments from the path of the wound are non-recoverable.

Associated with the path of the wound are lacerations and hemorrhage of the soft tissue and musculature of the right calf and fractures of the right tibia and fibula.

Direction of the path of the wound is back to front, right to left, and upward.

Perforating gunshot wound of the right foot:

A 0.5 x 0.5 cm round entrance gunshot wound is on the bottom of the lateral right foot, 4 inches distal to the posterior right heel. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the soft tissue, musculature, and bones of the right lateral foot.

A 2 x 2 cm stellate exit wound is on the superior lateral right foot.

Associated with the path of the wound are lacerations and hemorrhage of the soft tissue and musculature of the right foot and fractures of the bones of the right foot.

Direction of the path of the wound is left to right, front to back, and upward.

Perforating gunshot wound of the right foot:

A 0.5 x 0.5 cm round entrance gunshot wound is on the distal inferior aspect of the right foot, 7 inches from the posterior right heel. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the soft tissue, musculature, and bones of the distal right foot.

A 2 x 2 cm stellate exit wound is on superior aspect of the distal right foot adjacent to the base of the 3rd digit.

Associated with the path of the wound are lacerations and hemorrhage of the soft tissue and musculature of the right foot and fractures of the bones of the right foot.

Direction of the path of the wound is back to front and upward.

Perforating gunshot wound of the 2nd digit of the right foot:

A 1 x 0.5 cm stellate entrance gunshot wound is on the distal inferior aspect of the 2nd digit of the right foot. Stippling, soot, and muzzle imprint are absent.

The wound path is hemorrhagic and traverses the distal aspect of the 2nd digit of the right foot.

A 1 x 0.5 cm stellate exit wound is on the superior distal 2nd digit of the right foot.

Associated with the path of the wound are fractures of the phalanges of the 2nd digit of the right foot.

Direction of the path of the wound is upward.

Pseudo-stippling of the right face, right ear, and right neck:

An 8 x 8 cm area of asymmetric pseudo-stippling consisting of punctate pink-red abrasions and lacerations are on the right ear and scalp. A 4 x 3 cm area of irregular pseudo-stippling consisting of punctate pink lacerations and abrasions is on the inferior lateral right neck.

Blunt force injuries of the torso:

A 7 cm linear abrasion and associated linear contusion is on the lateral right chest.

INTERNAL EXAMINATION

The pleural cavities, pericardial sac, and peritoneal cavity have no excess fluid or adhesions.

CARDIOVASCULAR SYSTEM: The heart is 300 grams and has a normal distribution of epicardial fat. The coronary arteries are patent. The right coronary artery is dominant. The myocardium is dark red, firm, and has no scars. The left ventricle is 1 cm thick and 4 cm in internal diameter. The right ventricle is 0.3 cm thick and 5 cm in internal diameter. The tricuspid, pulmonary, mitral, and aortic valves are thin, pliable, and have no vegetations. The aorta is elastic and has a smooth intimal lining.

RESPIRATORY SYSTEM: The right lung is 800 grams and the left lung is 510 grams. The pleural surfaces are tan-pink to dark red, smooth, and glistening. The lung parenchyma is tan-pink to dark red, soft, and focally congested. The larynx and trachea are patent and have tan, intact mucosa. The pulmonary vessels are patent.

HEPATOBIILIARY SYSTEM: The liver is 1410 grams and has a smooth, tan-brown, and intact capsule. The parenchyma is tan-brown and firm. The gallbladder contains approximately 10 ml of dark green, viscous bile and no choleliths. The gallbladder mucosa is dark green and velvety.

RETICULOENDOTHELIAL SYSTEM: The spleen is 150 grams and has a purple, finely wrinkled, and intact capsule. The parenchyma is dark red and soft. The cervical, mediastinal, and abdominal lymph nodes are not enlarged.

GASTROINTESTINAL TRACT: The tongue has no bite marks or hemorrhage. The esophagus is lined by tan, intact mucosa. The serosa of the stomach is tan-gray and glistening. The stomach contains approximately 200 ml of tan fluid and partially digested food. The gastric mucosa is tan, has unremarkable rugal folds, and is intact. The external surfaces of the intestines are tan-gray and have no palpable masses. The vermiform appendix is tan-gray and glistening.

GENITOURINARY SYSTEM: The right kidney is 150 grams and the left kidney is 150 grams. The capsules are adhered to dark red, smooth cortical surfaces. The parenchyma is dark red and has well-defined corticomedullary demarcation. The ureters have a normal course and caliber. The urinary bladder contains approximately 100 ml of yellow urine and has a tan, trabeculated, and intact

mucosa. The prostate gland is tan, firm, and not enlarged. The testes have tan parenchyma.

ENDOCRINE SYSTEM: The adrenal glands have well-demarcated, thin, golden yellow cortices, and gray medullae. The pancreas is tan and lobular. The thyroid gland is dark red, uniform, and not enlarged.

NECK: The injuries to the neck are previously described. The hyoid bone and thyroid cartilage are intact.

HEAD: The injuries to the head are previously described. The brain is 1530 grams. Epidural hemorrhage is absent. The leptomeninges are thin, transparent and have no exudate. The uninjured portions of the vessels at the base of the brain are normally formed and are patent. The uninjured portions of the cerebral hemispheres are otherwise symmetric and the gyri and sulci are unremarkable. Coronal sections of the cerebrum and transverse sections of the cerebellum and brainstem reveal no neoplasm or necrosis.

JDS/st

Patient: SEDDIQUE MATEEN, OMAR MIR
Age: 29 Sex: M
Client Patient ID: 9-16-921
Account#: VX82946
Physician: STEPHANY, JOSHUA
Client: DISTRICT 9 MEDICAL EXAMINER MISC
TOXICOLOGY

Specimen Collected : 05/13/2016

Lab Order No: 661401226

Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
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VOLATILE PANEL - VOLP

SPECIMEN TYPE

PERIPHERAL BLOOD

ETHANOL	NONE DETECTED	g/dL	0.010
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
ISOPROPANOL	NONE DETECTED	mg/dL	15.0

Analysis by Gas Chromatography (GC) Headspace Injection
BLOOD DRUG SCREEN - BDSME

SPECIMEN TYPE

PERIPHERAL BLOOD

GC/MS

CAFFEINE

LC/MS/MS

CAFFEINE, CAFFEINE METABOLITE
BLOOD IMMUNOASSAY SCREEN

AMPHETAMINES	NEGATIVE	mg/L	0.100
BARBITURATES	NEGATIVE	mg/L	0.100
BENZODIAZEPINES	NEGATIVE	mg/L	0.050
BUPRENORPHINE	NEGATIVE	mg/L	0.001
CANNABINOCIDS	NEGATIVE	mg/L	0.050
COCAINE METABOLITE	NEGATIVE	mg/L	0.100
FENTANYL	NEGATIVE	mg/L	0.001
OPIATES	NEGATIVE	mg/L	0.050
SALICYLATES	NEGATIVE	mg/L	50.0

Q 7/25/16

Patient: SEDDIQUE MATEEN, OMAR MIR Age: 29 Sex: M
Client Patient ID: 9-16-921 Account#: VX82946
Physician: STEPHANY, JOSHUA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected : 06/13/2016 Lab Order No: 661401227 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
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ANABOLIC STEROIDS PANEL - ASPNM

SPECIMEN TYPE

URINE

ANABOLIC STEROIDS SCREEN

SPECIFIC GRAVITY 1.032

Physiologic range: 1.010-1.030

Samples with specific gravity lower than 1.010 are too dilute and should be recollected.

TESTOSTERONE 20 ng/mL 2.0

EPITESTOSTERONE 19 ng/mL 2.0

**TESTOSTERONE/
EPITESTOSTERONE RATIO** 1.0

A T/E ratio less than 4.0 is considered normal, while a ratio greater than or equal to 4.0 is considered an abnormal finding suggestive of testosterone use/abuse. This cut-off for the T/E ratio is recommended by the World Anti-Doping Agency.

Anabolic Steroids Screen includes testing for:

Bolasterone, Boldenone, Clostebol, Clostebol Metabolite, Clenbuterol,
 Drostanolone Metabolite, Norethandrolone, Fluoxymesterone, Methandienone,
 Methandienone Metabolite, Methenolone, Methyltestosterone, Nandrolone,
 Nandrolone Metabolite, Norandrostenedione, Norethandrolone Metabolite,
 Norethindrone, Oxandrolone, Oxymetholone Metabolite, Probenecid, Stanozolol,
 Stanozolol Metabolite, Turinabol, Tetrahydrogestrinone, Trenbolone Metabolite,
 Testosterone, Epi-testosterone, Testosterone/Epi-testosterone Ratio.

Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

Testing performed by NMS Labs, 3701 Welsh Rd, Willow Grove, PA 19090

CREATININE 3918 mg/L 5.0

2 7/25/16

Patient: SEDDIQUE MATEEN, OMAR MIR **Age:** 29 **Sex:** M
Client Patient ID: 9-16-921 **Account#:** VX82946
Physician: STEPHANY, JOSHUA **Client:** DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401227 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
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U.S. Population (10th - 90th percentiles, median)

All participants:

335 - 2370 mg/L, median 1180 (n=22,245)

Males: 495 - 2540 mg/L, median 1370 (n=10,610)

Females: 273 - 2170 mg/L, median 994 (n=11,635)

Testing performed by NMS Labs, 3701 Welsh Rd, Willow Grove, PA 19090-2910

7/20/16

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been maintained. Testing has been performed as requested

Reviewed by: *[Signature]* Date: 7/20/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00921

Seddique Mateen, Omar
Mir

29 Years - M 6/12/2016

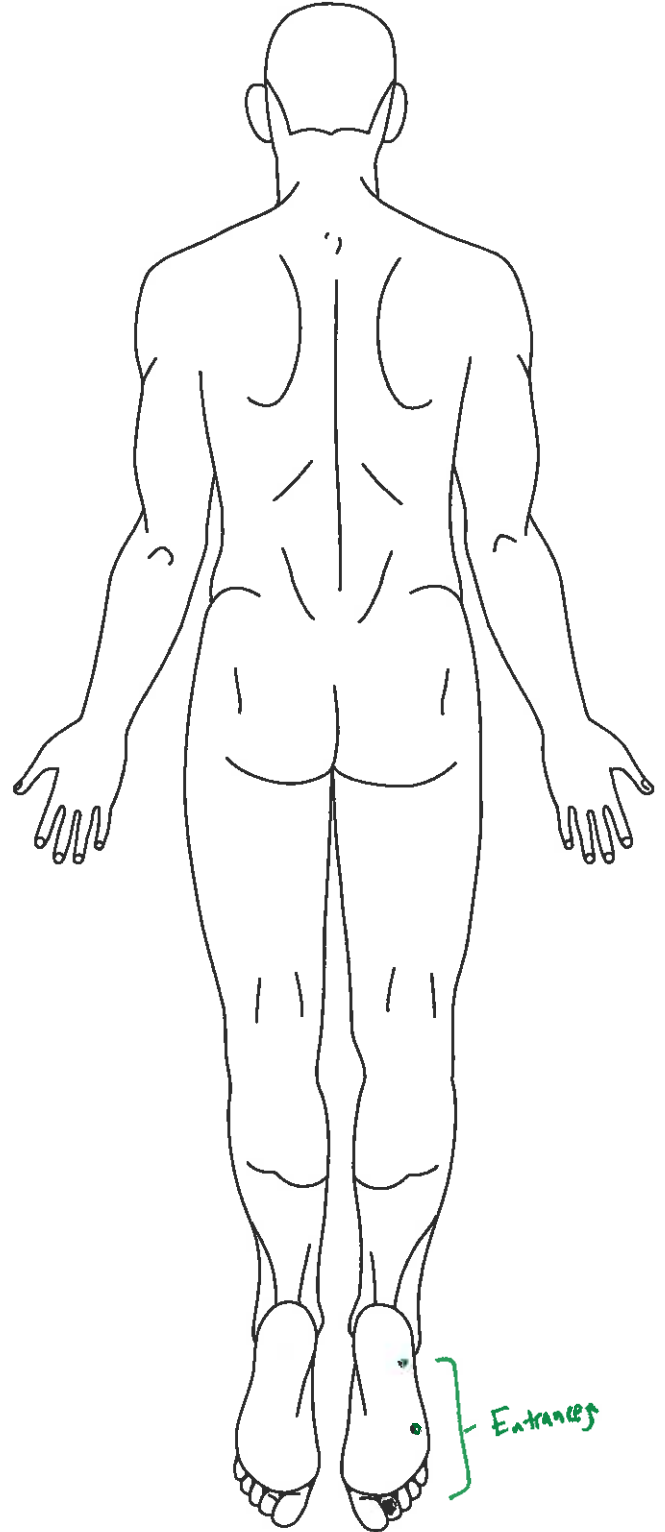
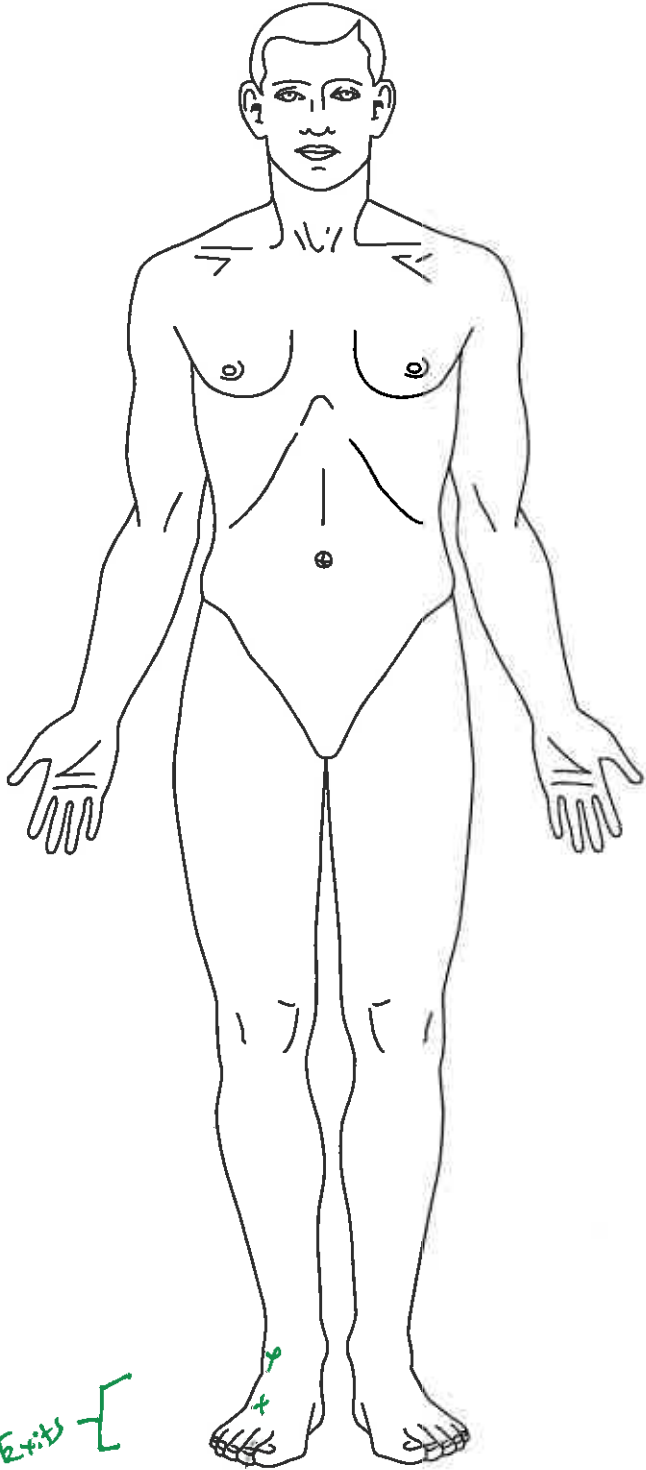


ME16-00921

Seddiq Mateen, Omar
Mir

ME Case Number: _____

29 Years - M 6/12/2016

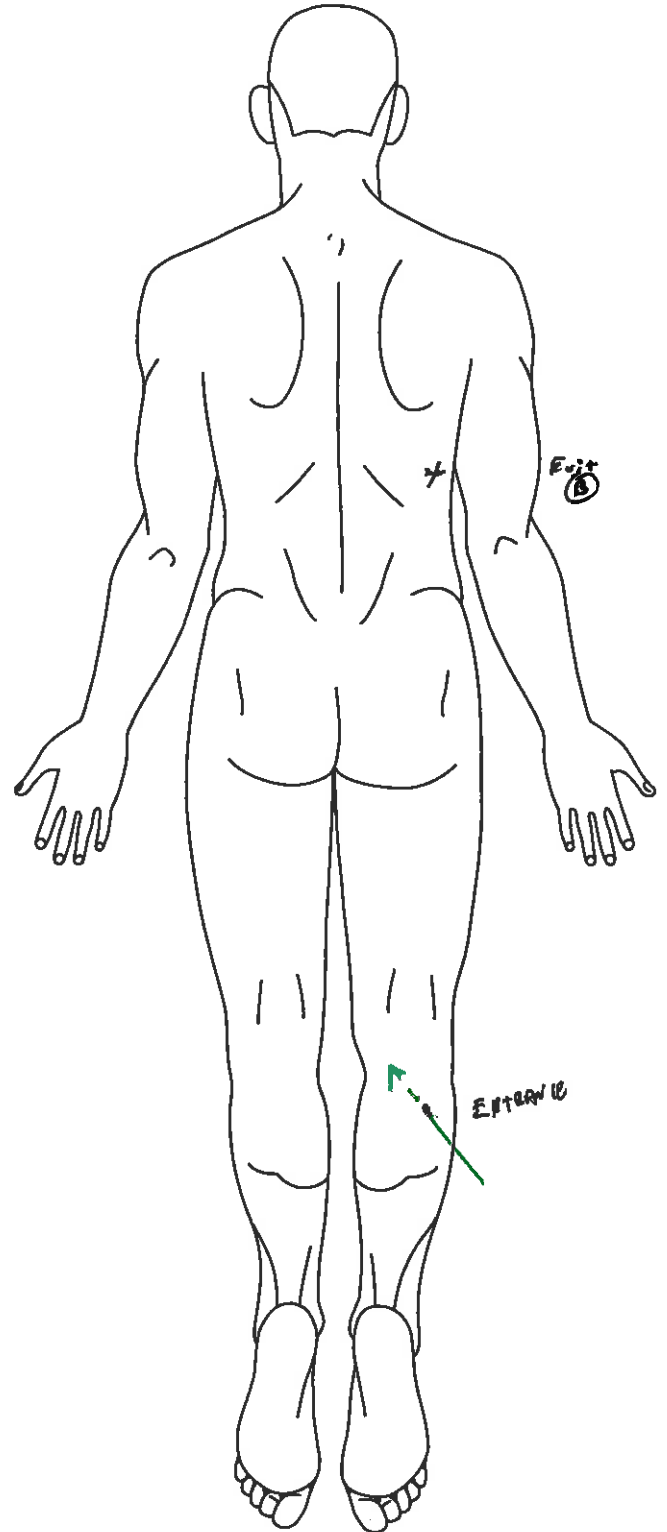
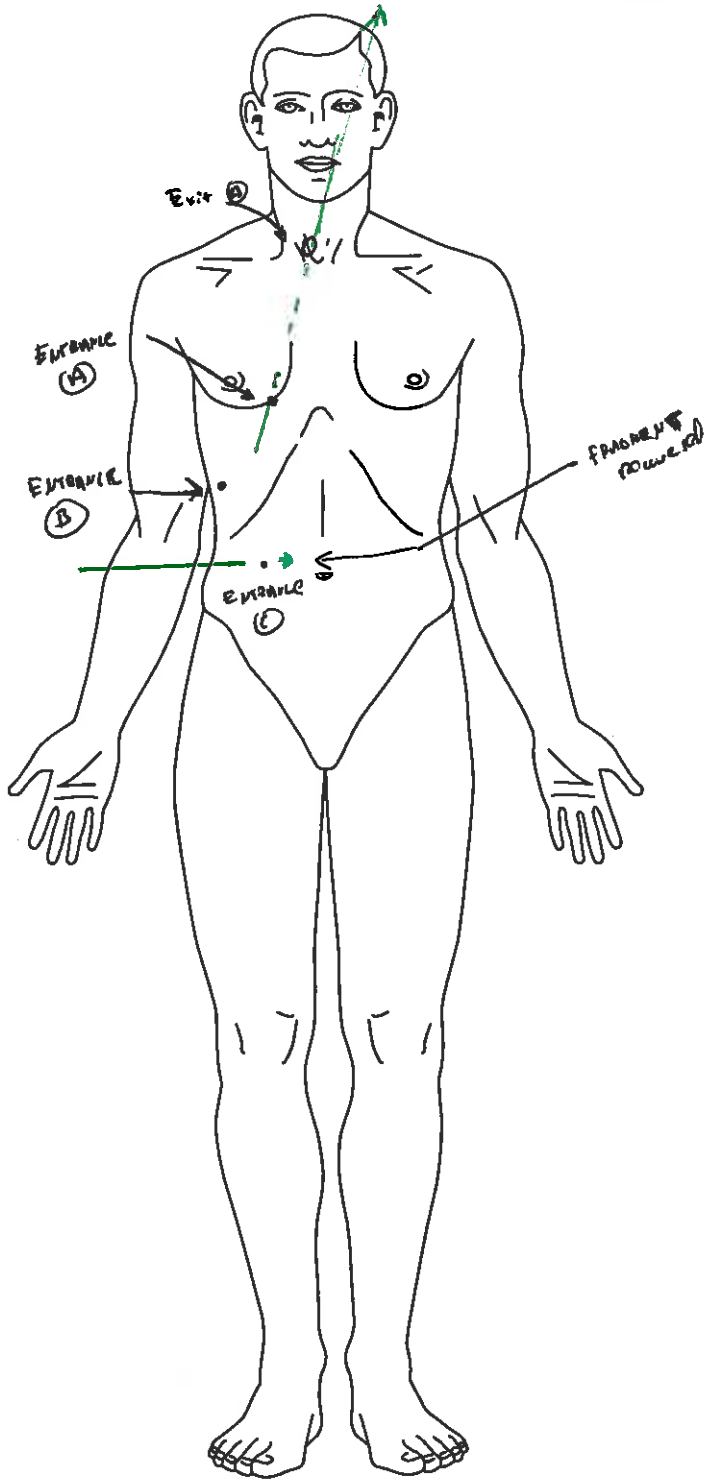


ME16-00921

ME Case Number: _____

Seddique Mateen, Omar
Mir

29 Years - M 6/12/2016



ME16-00921

Seddiq Mateen, Omar
Mir

29 Years - M 6/12/2016

