



COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE CHIEF MEDICAL EXAMINER

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER
55 LAKE AVENUE NORTH
WORCESTER, MASSACHUSETTS 01605

AUTOPSY REPORT

Case No. CME 85-1054

Name JAMES FILBERT Age 33 Race WHITE Sex MALE

Address 21 WESTGLOW STREET, DORCHESTER, MA

Date and Time of Death AUGUST 15, 1985 at 1:08 A.M. (Pronounced).

Date and Time of Autopsy AUGUST 15, 1985 - 1:30 P.M. to 3:00 P.M.

Medical Examiner DOUGLAS S. DIXON, M.D.

County and District SUFFOLK COUNTY

CAUSE OF DEATH:

GUNSHOT WOUND TO ABDOMINE AND RIGHT ARM.

MANNER OF DEATH:

- ☐ Natural Causes
☐ Accident
☐ Suicide
☒ Homicide
☐ Undetermined

Signature Margaret Greenwald

Pathologist MARGARET GREENWALD, M.D.

Address 784 MASSACHUSETTS AVENUE, BOSTON, MA 02118

The autopsy is performed on August 15, 1985 at 1:30 to 3:00 o'clock p.m.

Identification is made on August 15, 1985 by Diane M. Filbert, wife of the decedent.

Witnesses present during autopsy include: Steve Neighbor, M.D., medical student, Ronald Hewett, Autopsy Technician, Brendunt Tilghman, Autopsy Technician, William Feeney, Autopsy Technician and Douglas S. Dixon, M.D., Medical Examiner.

CLOTHING: Clothing is submitted with the decedent. In a plastic bag is a blood-soaked red plaid shirt. The shirt has been cut from the body. The hole from the gunshot wound to the right arm is not identifiable and may have been cut during removal of the shirt. There is a tear over the right front abdominal region of the shirt consistent with the gunshot wound to the abdomen. Also submitted are a pair of brown corduroy slacks which have been cut up the seams to remove them. The slacks show some blood spatter. Also submitted are a pair of paint-covered tennis shoes. The red plaid shirt and brown corduroys also show paint spatter.

DESCRIPTION OF GUNSHOT WOUNDS:

Two gunshot wounds are identified on the body. Gunshot wound #1 is located over the right forearm and gunshot wound #2 over the right abdomen.

GUNSHOT WOUND #1:

ENTRANCE TO GUNSHOT WOUND #1: The entrance to gunshot wound #1 is located over the posterior right forearm along the ulnar aspect. The entrance is round, measuring 3/8 inches or 8 cm. in diameter. There is no abrasion, no stippling or powder marks and no contusion present. Extending superiorly from the round gunshot wound entrance is a V-shaped sharp force type cut. This extension from the gunshot wound may have been a hospital intervention. The length of the V-shaped cut is 5/8 inches or 1.5 cm. The entrance to gunshot wound #1 is located 28 inches (71 cm.) from the top of the head and 13 inches (33 cm.) from midline in an anatomic position.

EXIT TO GUNSHOT WOUND #1: The exit to gunshot wound #1 is located over the right anterior forearm along the ulnar aspect. This is a stellate-shaped wound measuring 5/8 x 1/2 inch. There is no abrasion or stippling surrounding the wound. The wound is located 27 inches from the top of the head (68.5 cm.).

PATH OF GUNSHOT WOUND #1: The path of gunshot wound #1 extends through skin, skeletal muscle and mid ulnar bone. There is a comminuted fracture of the ulna bone. The path continues through skeletal muscle and exits through skin.

TRAJECTORY OF GUNSHOT WOUND #1: In the anatomic position, the trajectory of gunshot wound #1 is back to front, right to left and slightly upward. However, because of the position of gunshot wound #2, it is probable that the forearm was located over the anterior abdomen during the time of the shooting. If the hand is located over the abdomen, the trajectory is front to back, right to left and upward.

MISSILE RECOVERY: This is a through-and-through gunshot wound and no missile is recovered.

GUNSHOT WOUND #2:

ENTRANCE TO GUNSHOT WOUND #2: The entrance to gunshot wound #2 is located over the right mid abdomen 3 1/2 inches (9 cm.) to the right of midline at the level of the umbilicus. The wound is oval in shape with irregular scalloped edges. There is a circular border of blue contusion surrounding the wound. The wound measures 2 x 1.2 cm. or 3/4 x 7/16 inch. The border of contusion is symmetrical around the wound and measures 1/4 inch in width. The wound is located 26 inches (66 cm.) from the top of the head.

EXIT TO GUNSHOT WOUND #2: There is no exit to gunshot wound #2.

PATH OF GUNSHOT WOUND #2:

The missile initially passes through skin and into the peritoneal cavity. There is a large oval-shaped tear in the ascending colon above the cecum which measures 1/4 inch in diameter. The missile continues through two loops of ileum with a similar hole through the intestine. The missile continues deep into the mesentery. There is laceration of both right and left iliac arteries. The laceration on the right measures 1 inch and on the left 1 1/2 inch. The missile continues through the left psoas muscle and into the left iliac crest. The fracture through the left iliac crest is approximately oval in shape and measures 5/8 inch. There is external bevelling of the iliac crest consistent with the bullet passing from the pelvis externally. The missile then continues through soft tissue and is palpable in the soft tissue over the left lateral posterior hip. There is approximately 2 1/2 liters of blood in the abdomen.

MISSILE RECOVERY: The missile is recovered in the soft tissue beneath the skin over the left lateral posterior hip approximately 27 inches (68.5 cm.) from the top of the head. This is a large caliber missile which is partially jacketed with a yellow metal jacket. The base of the missile measures 1.1 cm. The tip is pinched. The missile is identified with the letters MG and JF over the base. The missile is immediately placed in a glass container upon recovery at 3:08 p.m. on 8-15-85 and is retained by me until it can be submitted to the Boston Police Ballistics Department.

TRAJECTORY OF GUNSHOT WOUND #2: The trajectory of gunshot wound #2 is from right to left, from front to back and slightly downward.

EXTERNAL EXAMINATION:

The body is that of an unembalmed Caucasian male appearing approximately the stated age of 33. The body is well developed and well nourished. There is blonde-brown, medium length hair. The eyes are blue. The pupils are equal. The sclerae and conjunctivae exhibit no petechial hemorrhages. The ears are unremarkable. The face is symmetrical. There is a mustache present. The upper and lower teeth exhibit no injury. The neck exhibits a right sided contusion adjacent to an external jugular vena puncture. The chest is symmetrical. The abdomen exhibits the previously described gunshot wound. The external genitalia are those of a circumcised male. The testes are present in the scrotal sac and the rectum is unremarkable. The upper and lower extremities exhibit no peripheral edema. There is two plus (2+) rigor mortis present and posterior livor mortis.

IDENTIFICATION CHARACTERISTICS: There are no tattoos, needle tracks, amputations or deformities identified. There are no old scars.

EVIDENCE OF MEDICAL AND SURGICAL TREATMENT: An endotracheal tube is in place in the mouth. A nasogastric tube is present in the nose. There is a chest tube on the right chest which extends through the 5th intercostal space laterally. A thoracotomy incision is identified over the left chest measuring 8 inches in length and extending through the 4th intercostal space. There is a vena puncture site over the right external jugular vein. There are bilateral subclavian catheters present. There are bilateral intravenous lines in both antecubital fossas. There is a cutdown site with a catheter over the left groin. A Foley catheter is present but not in place. There are bilateral cutdown sites over both medial malleoli. A large pressure bandage is placed over the gunshot wound of the abdomen. There is no other evidence of medical or surgical treatment.

INTERNAL EXAMINATION:

The body is opened with the usual Y-shaped incision. There is moderate subcutaneous fat. No rib fractures are identified although there is separation of the 4th intercostal space on the left for the thoracotomy incision. The chest tube enters through the 5th intercostal space. There is 500 cc. of blood in both pleural cavities. The pericardium has been previously incised for open massage. There is no hemorrhage within the pericardial space. The abdomen contains approximately 2 1/2 liters of fluid and clotted blood.

DESCRIPTION OF NECK ORGANS: The subcutaneous fat overlying the right external jugular exhibits focal hemorrhage. The muscles are edematous but there is not evidence of injury in the sternocleidomastoid or strap muscles.

DESCRIPTION OF NECK ORGANS - continued: The hyoid bone is intact. The cricoid and thyroid cartilages are unremarkable. The epiglottis is erythematous. The vocal cords are edematous. The larynx and trachea are lined by tan mucosa with minimal erythema secondary to the endotracheal tube which is in place. There is no evidence of injury to the larynx or trachea. The hypoglossal muscles and tongue are unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 420 grams. The epicardial surface exhibits focal contusion from resuscitative effect. The coronary arteries arise normally and follow a normal, balanced distribution. There is a focal eccentric plaque in the left anterior descending artery approximately 1 1/2 cm. from the origin. The artery otherwise exhibits minimal arteriosclerotic change. The minimal arteriosclerosis is also present in the left circumflex and right coronary arteries. The valves are all normal in size, shape and location. There is focal arteriosclerosis in the aorta just above the origin of the aortic valve. There are no abnormalities of the valve cusps. The myocardium is red-brown. The left ventricle measures 2 cm. in thickness and the right ventricle 0.3 cm. There is focal endocardial and subendocardial hemorrhage in the aortic outflow track. There is no other evidence of injury to the myocardium. The aorta arises normally and follows the normal course. The branches to the head and the abdomen are unremarkable. In the descending aorta, there is an area of periaortic contusion consistent with cross clamp of the aorta. Examination of the intimal surface reveals a linear intimal tear with some teeth marks identifiable from the clamp.

RESPIRATORY SYSTEM: The right lung weighs 990 grams, the left lung 580 grams. The pleural surface is smooth. The pulmonary arteries are lined by tan mucosa. There is no secretions. The lungs are mottled and markedly edematous. There is no discrete consolidation. There is no evidence of aspiration of blood. The pulmonary arteries exhibit no thromboemboli.

HEPATOBIILIARY SYSTEM: The liver weighs 1570 grams. The capsule is smooth. The margins are sharp. There is minimal congestion. This is identified by a nutmeg pattern. The consistency is normal and the color brown. The gallbladder is unremarkable.

HEMATOPOEITIC SYSTEM: The spleen weighs 170 grams. The capsule is gray, wrinkled and intact. The splenic parenchyma is purple in color.

GENITOURINARY SYSTEM: The kidneys weigh 210 grams on the left and 180 grams on the right. The capsule strips with ease to reveal a smooth external surface. The cortical medullary junction is well demarcated. The pelvis and calyces are lined by tan mucosa. The ureters are unremarkable. The bladder contains no urine.

ENDOCRINE SYSTEM: The adrenals are unremarkable in appearance. The thyroid is red-brown with no nodules.

GASTROINTESTINAL SYSTEM: The esophagus is lined by tan mucosa. The cardioesophageal junction is normal. The stomach contains approximately 10 cc. of thick green, completely digested material. The stomach mucosa is smooth with a normal rugal pattern. The small intestine and colon exhibit the previously described large oval-shaped tears through the right ascending colon, ilium and the mesentery. The pancreas is normal in size, shape and location and it has a normal-appearing tan, lobular architecture. The pancreatic duct is patent.

CENTRAL NERVOUS SYSTEM: The scalp exhibits focal hemorrhage over the vertex. There is no antemortem fracture. There is no epidural, subdural or subarachnoid hemorrhage. The leptomeninges are clear. The brain weighs 1565 grams. The brain is bilaterally symmetrical. The sulci and gyri exhibit a normal convolutionary pattern. Multiple serial sections reveal a well developed gray and white matter with no focal lesions or hemorrhages. The cerebellum and brainstem are unremarkable and the vessels at the base of the brain exhibit no injury or arteriosclerotic change.

TOXICOLOGIC EXAMINATION: Blood, bile, liver, kidney and gastric contents are submitted for drug screen and alcohol levels.

HISTOLOGIC EXAMINATION: Representative sections of all major organs are submitted for storage including sections of colon and ilium with gunshot wound. Sections of lung and liver are submitted for microscopic examination.

PHOTOGRAPHY: Photographs of the body are taken prior to and during autopsy.

RADIOLOGY: X-rays of chest, abdomen, pelvis and right arm are performed.

EVIDENCE: Clothing, blood and the bullet are submitted to the Boston Police Department Crime Laboratory. Joseph Smith of the Boston Police Ballistics Division picked up the bullet on 8-16-85.

OPINION: Gunshot wound #1 is a through-and-through wound of the right forearm. Gunshot wound #2 is a penetrating wound of the right abdomen. These wounds are described separately but it is the opinion of the examiner that gunshot wound #2 represents a re-entry from gunshot wound #1. This is a fatal injury.

ANATOMICAL SUMMARY

1. Gunshot wound to abdomen with penetration of right colon, ilium, mesentery and both iliac arteries.
 - A. Hematoperitoneum, 2.5 liters.
 - B. Penetration and fracture of left iliac crest.

ANATOMICAL SUMMARY - continued

2. Perforating gunshot wound to right forearm with comminuted fracture of ulna.
3. Status post thoracotomy with cross clamp of the aorta.
4. Status post right chest tube.
5. Bilateral hemothorax, 500 cc.

Microscopic:

Lungs: (3 slides) Most of the sections show a normal architecture with scattered alveolar macrophages filled with hemosiderin type pigment. One section exhibits intra-alveolar hemorrhage with scattered vegetable type intra-alveolar fibers. There is no acute inflammation.

Liver: (1 slide) Not remarkable.

Kidney: (1 slide) Not remarkable except minimal congestion.

DIAGNOSES:

1. Focal intra-alveolar pulmonary hemorrhage with terminal gastric aspiration.



The Commonwealth of Massachusetts
Department of Public Safety

CHEMICAL LABORATORY
1010 COMMONWEALTH AVENUE
BOSTON, MASSACHUSETTS 02215

DATE: August 26, 1985
LAB. NO.: T85-2234
MEDICAL NO.: 85-1054
DATE SUBMITTED: August 19, 1985
NAME OF VICTIM: James Filbert
SUBMITTED BY: Dr. Dixon, Dr. Greenwald
RESULTS: Blood Alcohol: none detected (BAB)
Barbiturates: none detected (CMJ)
Organic Bases & Neutrals: nothing significant detected
(CMJ)

John. Sloane
CHEMIST

REPORT TO: Dr. Dixon, Dr. Greenwald/rc

Boston Police INCIDENT REPORT

HANDPRINT

ORIGINAL ☐ SUPPLEMENTARY ☐

01 KEY SITUATIONS <input type="checkbox"/> DRUGS <input type="checkbox"/> LICENSED PREMISES <input type="checkbox"/> ELDERLY <input type="checkbox"/> JUVENILE <input type="checkbox"/> COMMUNITY DISORDERS <input type="checkbox"/> DOMESTIC <input type="checkbox"/> OTHER		02 COMPLAINT NO 516 528 30		03 REPORT DIST C		CLEARANCE DIST C		PAGE 1		OF 2	
04 TYPE OF INCIDENT Homicide Assault-Battery-D-W				05 CRIME CODE		06 STATUS <input type="checkbox"/> INACTIVE <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARREST <input type="checkbox"/> UNDER 181 <input type="checkbox"/> EXCEPT CL <input type="checkbox"/> UNDER 181		07 DATE OF OCCUR 8/14/85			
08 LOCATION OF INCIDENT (NO. STREET) (INTERSECTION-ALPHA ORDER) 176 Minot St. Dorch.				09 DISPATCH TIME 11:26		10 TIME OF OCCUR		11 VICTIM-COMP (LAST, FIRST, MI) Filbert, James		12 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
16 ADDRESS (NO. STREET CITY AND STATE IF OTHER THAN BOSTON OR MASS) 21 Westglow St. Dorch.				17 AGE 32		18 DOB 10-7-52		14 RACE cauo		15 MARRIAGE STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED	
19 PERSON REPORTING (IF DIFFERENT THAN ABOVE) Sergt. George Peters				20 ADDRESS Area C		21 PHONE					
22. WAS THERE A WITNESS TO THE CRIME											
PERSON INTERVIEWED		AGE		LOCATION OF INTERVIEW		APT NO		HOME ADDRESS		RES <input type="checkbox"/> YES <input type="checkbox"/> NO	
23. NUMBER OF PERPETRATORS											
24 <input type="checkbox"/> ARREST <input type="checkbox"/> MISSING <input type="checkbox"/> SUSPECT		25 NAME (LAST FIRST MI)		26 SS NO		27 BOOKING NO		28 PHOTO NO		29 ALIAS	
30 WARRANT NO		31 ADDRESS		32 SEX <input type="checkbox"/> M <input type="checkbox"/> F		33 RACE		34 AGE		35 HEIGHT	
37 SPECIAL CHARACTERISTICS (INCLUDE CLOTHING)				38 WEIGHT		39 BUILD		40 HAIR		41 EYES	
42. CAN SUSPECT VEHICLE BE DESCRIBED											
43 <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOV <input type="checkbox"/> LV SCENE <input type="checkbox"/> ABAND <input type="checkbox"/> IN CUST <input type="checkbox"/> TOWED <input type="checkbox"/> USED IN CRIME <input type="checkbox"/> OTHER		44 REG STATE NO		45 PLATE TYPE		YEAR (CARP)		46 MODEL			
47 VEHICLE MAKE YEAR		48 VEHICLE NO		49 STYLE		50 COLOR (TOP-BOTTOM)					
51 OPERATOR'S NAME				52 LICENSE NO		53 OPERATOR'S ADDRESS					
54 OWNER'S NAME				55 OWNER'S ADDRESS							
56. CAN PROPERTY BE IDENTIFIED											
57 TYPE OF PROPERTY		58 SERIAL OR IDENTIFICATION NO		59 BRAND NAME DESCRIPTION		60 MODEL		61 VALUE		62 UCR	
63 RECOV											
64. IS THERE A SIGNIFICANT MO											
65 TYPE OF WEAPON/TOOL		66 NEIGHBORHOOD		67 TYPE OF BUILDING		68 PLACE OF ENTRY					
69 WEATHER		70 LIGHTING		71 TRANSPORTATION OF SUSPECT (CAR FOOT MBTA ETC)				72 VICTIM'S ACTIVITY			
73 UNUSUAL ACTIONS AND STATEMENTS OF PERPETRATOR						RELATIONSHIP TO VICTIM					
74. IS THERE ANY PHYSICAL EVIDENCE (DESCRIPTION AND DISPOSITION IN NARRATIVE).											
75. IS THERE ANY OTHER REASON FOR FURTHER INVESTIGATION (REASON BELOW)											
76 NARRATIVE AND ADDITIONAL INFORMATION <p>At 11:26 p.m. 8/14/85 the S108F with P.O. LaFontain and Connolly the C411F, C409F along with the CA01F and the C921F all responded to a report of a shooting at 176 Minot St. Upon arrival observed ambulance A19 giving medical assistance to a white male later identified as one James Filbert, DOB 10-7-52 of 21 Westglow St. Dr. who was apparently the victim of a penetrating gunshot wound to the chest. Victim removed to the Carney hospital in ambulance A-19 where he was examined by Dr. Burggraf and treated for a through and through gunshot wound of the abdomen. Victim found lying in the inner hallway of the entrance to this house a 3-family wooden dwelling with the 1st floor apparently occupied by some person unknown, the 3rd floor unoccupied and the</p>											
77 UNIT ASSIGNED S108F		78 TOUR OF DUTY 3		79 REPORTING OFFICER'S SIGNATURE <i>George D. Peters</i>		80 REPORTING OFFICER'S ID 5499		81 PARTNER'S ID		F1 <input type="checkbox"/> YES <input type="checkbox"/> NO	
82 DATE OF REPORT 8-14-85		83 SPECIAL UNIT(S) NOTIFIED (REPORTING) C801- HOMICIDE									
84 TIME COMPLETED 1:50		85 SIGNATURE OF PATROL SUPERVISOR <i>Sergt Peters</i>		86 PAT SUP ID 5499		87 SIGNATURE DUTY SUPERVISOR		88 DUTY SUP ID		TELETYPE NO	

SOLVABILITY FACTOR

