

175 South Lena Road
San Bernardino, CA 92415-0037
(909) 387-2542
Fax (909) 387-2989



Frank Sheridan, M.D.
Chief Forensic Pathologist

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Forensic Pathologist

**San Bernardino County Sheriff's Department
Coroner Division**

Autopsy Protocol

Coroner's Case Number: 701509083

Autopsy Number: A-1629-15

Name: Tashfeen Malik
aka: Jane Doe #59-15
Age: 29
Sex: Female
Time of Death: Reported 1508 hours, December 2, 2015
Race: Other
Time of Autopsy: 1045 hours, December 8, 2015
Place of Autopsy: San Bernardino County Coroner's Facility
Deputy: Heguy

HISTORY OF DEATH: The history as obtained by the deputy coroner investigating officer is to the effect that witnesses at the scene of a mass shooting at Inland Regional Center (IRC) on December 2, 2015 identified a male suspect by the name of Syed Farook. San Bernardino Police Department gathered information that led them to an address in the City of Redlands and a vehicle description that matched witness accounts of the vehicle seen leaving the scene of the shooting at IRC. At some point, officers saw the vehicle and attempted a traffic stop as the vehicle was traveling northbound on Tippecanoe Avenue north of Interstate 10. A chase ensued and the suspect vehicle turned eastbound onto San Bernardino Avenue. As chasing patrol cars rounded the corner onto San Bernardino Avenue they began taking high velocity gunfire from another suspect (Tashfeen Malik) who was in the rear of the vehicle. The suspect vehicle continued eastbound on San Bernardino Avenue for a short distance and then came to a stop about 240 feet east of Shedd Drive. The driver of the vehicle (Syed Farook) exited the vehicle from the driver's door and began firing an AR-15 rifle at the pursuing officers. The suspect Malik continued firing an AR-15 rifle from the back of the suspect vehicle. Multiple shots were exchanged leading to the death of the two suspects.

See also case number 701509084, A-1630-15, Syed Rizwan Farook.

The deputy coroner investigating officer examined the body at the scene. The body was prone on the street, having been previously removed from the vehicle. The body was clad in a black long sleeve sweater with a black sports bra, a pair of gray spandex shorts, black pants, and black socks. The pants were torn and there were multiple defects in the clothing. A pair of goggle-type glasses were present on the body.

Examination of the body at the scene revealed multiple gunshot wounds involving the head, torso, upper extremities and lower extremities.

Reference: 701509087, A-1609-15, Shannon Hilliard Johnson
701509088, A-1603-15, Beneta Bet-Badel
701509089, A-1608-15, Aurora Luz Godoy
701509090, A-1610-15, Isaac G. Amanios-Gebreslassie
701509091, A-1601-15, Larry Daniel Eugene Kaufman
701509093, A-1605-15, Yvette Alexandra Velasco
701509093, A-1605-15, Harry Albert Bowman
701509094, A-1617-15, Sierra Simone Clayborn

701509095, A-1619-15, Robert C. Adams
701509096, A-1604-15, Nicholas James Thalasinof
701509097, A-1618-15, Tin Thanh Nguyen
701509098, A-1620-15, Juan Espinoza
701509099, A-1626-15, Damian Lawrence Meins
701509100, A-1600-15, Michael Raymond Wetzel

Also refer to Coroner's Investigative Report 701509083.

EXTERNAL EXAMINATION: The body is that of an apparently normally developed adult female appearing about the stated age of 29 years. The body is not embalmed. The height is 63.5 inches, the weight 121 pounds. The hair is black, eyes brown, complexion medium.

There are no therapeutic appliances present.

The body is identified by a toe tag on the right big toe.

The body is submitted in a body bag, clad in a black long sleeve sweater, a black and pink sports bra, gray spandex shorts, black pants, and a black sock on the left foot. The pants and the black sweater have been previously cut open. There are numerous defects in the fabric of the clothing. There is a pair of black framed, goggle-type glasses on the face. There are tiny particulate pieces of matter adherent to the clothing. This material is variable in appearance but includes at least a few very small fragments of glass. There is also some fluffy material adherent to the front of the black sweater and entangled in the hair on the left side of the neck with another larger piece in the mouth. (This material appears to be from the lining of an outer jacket that is not present on the body at this time but is submitted separately.)

Stuck to the fabric of the left sleeve of the black sweater, are two bullet fragments, one consisting of a copper jacket base, the other an irregularly-shaped copper fragment. As the clothing is removed, another fragment is noted lying over a wound on the skin of the left upper arm. This is an irregularly-shaped lead-colored bullet fragment. Another elongated lead-colored bullet fragment is noted protruding from one of several gunshot wounds on the medial aspect of the distal right thigh. Another tiny black lead fragment is found adherent to the black sweater as the sweater is being removed from the body. In the body bag are other things, including a piece of black plastic and some glass, apparently from the vehicle. There is also a fragment of skull bone in the body bag. Also found in the body bag is a small irregularly-shaped copper jacket fragment.

Some other items that were removed at the scene are submitted. These include an ammunition belt, a holster, some magazines, and another green ammunition pack (there are two sets of gun belts and magazines, all of which apparently came from the vehicle). There is also another black hooded female jacket with the trademark "Made for life" on the back that was apparently in the vehicle but not on the subject at the time of the shooting. This garment has multiple defects in the fabric. There is a lot of debris attached to his garment, as well as glass fragments, and there are also two pieces of what appear to be aluminum fragments, probably from the vehicle. Also amongst these items is a pair of black athletic shoes that appear to be from the subject. (There is another larger pair of shoes that appears to be from the male subject.) The shoes show one defect in the front of the sole of the left shoe that may represent a bullet impact. Also submitted and, apparently from the female subject, is a black beanie with several holes on one surface with surrounding bloodstains. Attached to the fabric of this beanie are some pieces of white fluffy material. Also present is a black neck band that has a label saying "from the female's neck". However, this item has a sales tag attached to it still with printing on it, including the words

"Airsoft neck protector" and what appears to be a trademark insignia with "ZZANI". There is at least one defect in the black material of this neck band and there appears to be a hole also in the sales tag.

Two black long sleeve jackets are also submitted, one of which is believed to be from the male subject, the other from the female subject. The jacket that appears to belong to the female subject has several defects in the fabric, including the hood, the sleeves, and the main body part of the garment. The lining of this jacket is white and fluffy. A bullet fragment that seems to be a bullet jacket is on the left sleeve of the jacket.

The clothing is examined again after removal from the body. There are scattered bloodstains on the fabric of the black sweater and a few bloodstains on the pants and on the gray spandex shorts. There are multiple defects and tears of the fabric of the sweater and also the pants. The sports bra appears to have a single defect lateral to the left cup. There are several defects in the front of the gray spandex shorts. No obvious holes are seen in the black socks. The black goggle glasses appear to be intact but there is slight bloodstaining on the lenses. Also present is one purple and one red hairband.

The following is a general description only. The injuries will be described below separately.

The head is normocephalic. The corneae are slightly cloudy. There is no conjunctival congestion or hemorrhage. The nose, ears, and mouth are normally formed, the teeth natural and in good state of repair.

The neck, chest and abdomen are normally formed. The breasts are normal adult female. The pubic hair is shaved. The external genitalia are normal adult female.

The upper extremities are normally formed. The fingernails are short and medium in length. (Nail clippings and hair samples are given into evidence.)

The lower extremities are normally formed.

There is no posterior lividity. There is a papillary endothelial-covered skin lesion about 6 mm in diameter above the left buttock.

X-RAYS: Postmortem total body x-rays show multiple skull fractures with some small projectile fragments, multiple projectile fragments of various size in the neck, upper left chest and shoulder area, lower right chest and abdomen, the left upper extremity and both lower extremities. There is a displaced fracture of the left humerus and a fracture of the left scapula.

INJURIES:

The injuries described below are depicted in the accompanying diagram.

Head: There are two immediately adjacent gunshot wounds at the vertex of the head, one to the right and one to the left of the midline. The wound on the right is a large gaping wound at the top of the head, slightly to the right of the midline, involving most of the parietal area of the scalp. This wound measures approximately 12 cm anteroposteriorly and up to about 8 cm horizontally. The skin is extensively torn with jagged edges and there are multiple visible comminuted skull fractures and partial avulsion of the brain visible through the wound. The wound is in the hair-covered part of the scalp, the hair being thick and black. No obvious gunpowder residue is identified. A few skin tags that could be identified at the edge of the wound

point forward and the wound, also as a whole, expands from anterior to posterior indicating probable front to back trajectory. Several very tiny metallic fragments, all of which appear to be lead-colored, are retrieved from the surface of the brain in this area. The total number of fragments removed is six, ranging in diameter from about 1 mm up to about 3-4 mm. The other wound is just to the left of the midline at the vertex of the head and measures about 10 cm x 6 cm. The wound edges are jagged with skin tags pointing anteriorly. There is extensive comminuted fracturing of the skull in this area also with partial avulsion of the underlying brain.

There are several very small superficial punctate injuries in the skin of the forehead, slightly to the left of the midline, and there are some similar injuries on the tip of the nose, with one on the upper lip.

There is extensive pulpefaction of both parietal lobes. There are tears in the dura but there is no appreciable epidural, subdural, or subarachnoid hemorrhage. The entire top of the skull is fractured with multiple fragment pieces. Fractures also extend along the right side to the base of the skull, through the right side of the lambdoid suture, the right middle cranial fossa, and into the right orbital plate. There is also at least one fracture on the left side in the temporoparietal area. The brain is 1053 grams. The cerebral hemispheres appear to be normally formed and show a normal anatomic pattern of major fissures, sulci and gyri. The circle of Willis is intact. The brainstem and cerebellum are anatomically normal. Coronal sections of the cerebrum show multiple foci of hemorrhage in the white matter of the frontal and parietal lobes, and also in the basal ganglia. Sectioning of the brain shows no evidence of natural disease.

Anterior Torso and Neck: There is no external evidence of trauma to the neck. In the suprasternal notch, in the midline and to the left of the midline, is a horizontally oriented grazing gunshot wound. The wound measures 4 cm in length and up to about 6-7 mm in width. The wound is through the epidermis and upper dermis but there is no penetration of the underlying tissue. The skin tags at the edge of the wound point to the left, consistent with a left to right trajectory. There is no associated soot or stippling.

Below the above graze wound are several horizontally oriented, very superficial linear and punctate marks in the skin of the chest with an overall horizontal orientation. The smaller group of these is on the upper part of the left breast, the larger group just above and medial to the right breast.

There is a gunshot wound of entry in the lateral aspect of the left breast just above the inter nipple line. This wound is roughly oval-shaped measuring 1.5 cm x 8-9 mm that has torn, slightly abraded edges. The wound is 46 inches above the sole of the left foot. There is no associated soot or stippling.

There are multiple small injuries on the left side of the left breast, above and below the entry wound described previously, all consistent with fragment injuries. Some of these appear to penetrate the skin, others are more superficial. Additionally, there are about five or six similar injuries in the left anterior axillary fold.

There is at least one, but possibly two separate gunshot wounds in the left upper quadrant of the abdomen. The larger of these is situated at the left costal margin at a height of 41 inches above the sole of the left foot. This wound is circular with a diameter of 2 cm and has extensive abrasion along its left lateral edge. There are a few surrounding very small punctate injuries. The medial end of this wound is undermined. There is no associated soot or stippling. The center of this wound is about 3 inches to the left of the midline of the abdomen.

Two inches medial to the above wound and slightly lower, at a height of 40-1/2 inches above the sole of the left foot, is another smaller wound, approximately horizontally oriented, measuring about 1 cm x 5 mm. The left (lateral) edge of the wound is abraded to a width of about 3-4 mm, and the right (medial) end appears to be slightly undermined. There is no associated soot or stippling.

In the pubic area there are two small punctate-like injuries and one larger injury to the right of the midline, obliquely oriented and measuring about 1.5 cm x 5 mm. The edges of this wound are only minimally abraded and the wound does not appear to go through the full thickness of the skin.

There is an area of ecchymosis in the mid axillary line in the right abdominal area with a palpable fragment in the subcutaneous tissue. Incision is made in the skin and a flattened large bullet fragment is retrieved which measures about 12 mm x 5 mm x 3 mm.

There is an area of three irregularly-shaped, horizontally oriented abrasions on the back of the proximal left calf, spanning an area of about 8 cm x 5 cm. On the posterolateral aspect of the mid left calf there is a possible superficial fragment injury measuring about 8 mm x 2 mm.

Posterior Torso: In the trapezius area about a 1 inch to the right of the midline is an area of ecchymosis with a palpable underlying fragment. An incision is made in the skin and a deformed fragment of copper jacket measuring approximately 15 mm x 6 mm x 4 mm is retrieved from the subcutaneous tissue.

There is an area of ecchymosis in the back of the left shoulder with a palpable underlying fragment but exploration of the area shows only bone fragments from fractures seen on x-ray involving the acromion process of the left scapula.

Right Upper Extremity: There is a single gunshot fragment injury in the right upper extremity. The entrance wound is on the radial side of the right forearm, about 1 inch proximal to the wrist. The wound measures about 5 mm x 2-3 mm. The edges are slightly abraded. Extending upwards and towards the ulnar side of the arm from this wound is a zone of ecchymosis measuring about 4 cm x 1 cm. At the other end of this zone of contusion is a very small punctate-like mark. (The postmortem x-ray of the right forearm and hand shows one tiny metallic fragment in this area.)

Left Upper Extremity: There are multiple gunshot wounds and fragment injuries of the left upper extremity, all of which are above the elbow. There are at least two, and probably three, gunshot wounds of entry in the left deltoid area, as well as a few smaller superficial fragment injuries. The uppermost of the entry wounds is in the upper deltoid region about an inch or two below the tip of the shoulder. This wound is circular with a diameter of about 5 mm and has a surrounding abrasion collar. There is another similar injury about 4 cm downward from this injury on the anterolateral aspect of the deltoid area. This wound is also about 5 mm in diameter and has slightly abraded edges. About 2-1/2 inches posteriorly from this wound is a larger wound on the lateral deltoid area measuring about 1 cm in diameter. The edges are torn and slightly abraded. There is no gunpowder residue associated with any of these injuries.

At about the mid portion of the left upper arm is a large gaping wound with torn and somewhat desiccated edges with dark discoloration. There is no evidence of soot, however. This wound gapes open about 4.5 x 2.5 cm. Within this wound is an irregular lead fragment which measures about 6 x 3 mm. Below this large wound is an area of irregular abrasion with a number of very small superficial punctate injuries. There is palpable deformity of the arm in this area and x-rays

show a displaced fracture of the mid humerus.

On the distal part of the left upper arm are three or four small areas of abrasion and superficial punctate-like injuries. In addition, there is an apparent gunshot wound of entry on the lateral aspect of the arm just above the elbow, measuring about 8-9 mm in diameter, with a thin surrounding abrasion collar. On the medial aspect of the arm at the same level is what appears to be a 5 mm diameter exit wound with torn, non-abraded edges.

There are no injuries on the left upper extremity at or distal to the elbow.

An incision is made in the left upper arm in the vicinity of the humeral fracture. A bullet lead core, slightly flattened, as well as two smaller metallic fragments are retrieved from the musculature. The fragments are lead-colored. Also retrieved from this area is a copper jacket fragment.

Right Lower Extremity: There are multiple gunshot wounds on the right thigh. Below the knee there is only one single punctate-like fragment injury, 2 mm in diameter, over the proximal shin.

Below the groin on the right side are several small punctate injuries and two larger injuries. One of the larger injuries is about 1.5 cm below the groin crease and measures about 1 cm in diameter. The edges are slightly abraded. There is no soot or stippling. Approximately 1.5 cm below this wound is a large gaping wound with partial avulsion of the underlying subcutaneous tissue and muscle. The center of this wound is about 30 inches above the sole of the right foot. The wound has torn, non-abraded edges and measures up to about 8 cm x 9 cm. Within the wound is a flattened lead fragment measuring about 12 mm x 15 mm. About 2 inches downward and medially is another wound measuring about 4.5 cm x 2 cm. The edges of this wound are torn but do not appear to be abraded and there is no soot or stippling. The wound goes deep into the subcutaneous fat and musculature of the thigh. One centimeter below this and slightly posterior to it are two apparent entry wounds, almost overlapping and each measuring about 1 cm x 7-8 mm.

On the anterior aspect of the mid right thigh is a deep tangential injury, obliquely oriented, measuring about 7 cm x 2 cm with torn, slightly abraded edges. About 1 inch below this is another penetrating gunshot wound, obliquely oriented, measuring about 2.5 x 1 cm. This wound has slightly abraded edges. There is a linear, partially interrupted orange/tan abrasion on the medial aspect of the distal half of the right thigh. Around this are some superficial punctate wounds and there are several additional punctate wounds on the front of the right knee. Within this area of punctate wounds is another larger wound measuring about 1 cm x 7 mm, from which protrudes a gray, flattened metallic bullet fragment measuring about 12 mm x 4 mm.

There is direct communication under the skin between the large gaping wound of the upper anterior thigh and the slightly smaller wound downwards and medial from it. The probable trajectory of this wound is left to right and upward.

There is external rotation of the right leg and x-ray shows a displaced fracture of the mid shaft of the right femur.

Left Lower Extremity: There are three closely approximated gunshot wounds of entry on the lateral aspect of the mid left thigh, between 28 and 30 inches above the sole of the left foot. Each of these wounds is round to oval, the uppermost one measuring 1 cm in diameter, the next one down about 7 mm, and the lowermost one about 1.5 cm. These wounds all have slightly abraded edges and no associated soot or stippling. At about the same level on the front of the left thigh

are three injuries, two of which are small, red and abraded with a communicating band of ecchymosis consistent with small through-and-through fragment injuries. Proximal to these is an orange-colored abrasion measuring about 1.5 cm x 5 mm.

There are multiple fragment injuries on the lateral aspect of the left knee, spanning a total area of about 13 cm vertically by 7 cm horizontally. Approximately in the middle of this area is a distinct entrance wound, circular with abraded edges, measuring about 1 cm in diameter. There are several additional punctate-like fragment injuries just distal to the knee on the proximal shin.

Subjacent to a very faint area of bruising on the medial aspect of the proximal left thigh a fragment is palpated. An incision is made in the skin and a deformed copper jacket fragment is retrieved.

On the back of the left thigh there is an obliquely oriented grazing gunshot wound measuring 7 cm in length and up to 5 cm in width. The wound goes through the epidermis exposing underlying subcutaneous fat but there is no deep penetration. The skin edges are not distinct enough to determine the trajectory. The center of this wound is 23 inches above the sole of the left foot.

About 2 inches downwards and medial from this on the posteromedial aspect of the thigh is a circular gunshot wound about 8 mm in diameter with slightly abraded edges.

On the posterolateral aspect of the thigh, at about the junction between the middle and lower thirds, is a large gaping wound measuring about 7 x 6 cm with torn, non-abraded edges. This wound gapes open exposing underlying subcutaneous fat, muscle and tendon. The center of this wound is about 19 inches above the sole of the left foot. There is no associated soot or stippling.

INTERNAL EXAMINATION:

CHEST & ABDOMEN: There is subcutaneous tissue and muscle hemorrhage in the vicinity of the left clavicle and there is a displaced fracture of the shaft of the clavicle. Subjacent to the gunshot wound of entry in the left breast is an area of intercostal muscle hemorrhage in the anterolateral fourth intercostal space. There is subcutaneous tissue and muscle hemorrhage in the right lateral chest wall at the location from which the bullet lead core was retrieved.

The bullet path from the gunshot wound in the left lateral breast passes through the fourth anterolateral left intercostal space, continuing from left to right, across the chest through the lowermost tip of the left lung, across the front of the heart, grazing the anterior wall of the left and part of the right ventricle, and continuing through the lowermost tip of the right lung. There is hemorrhage in the lung at the sites of the bullet path and also in the epicardium of the anterior walls of the right and left ventricles. The heart wound does not go through the full thickness of the walls of the chambers. A deformed copper jacket fragment is retrieved from the right chest wall. No other fragments are identified along this bullet path.

The bullet path from the gunshot wound of the left abdominal wall passes from left to right, through loops of small bowel and the right lobe of the liver, continuing to the right abdominal wall where the bullet core was previously retrieved in the area of ecchymosis. In this same area an additional bullet fragment is found consisting of a deformed copper jacket. There is extensive tearing of the parenchyma of the anterior part of the right lobe of the liver. The trajectory of this wound is essentially left to right.

There is no hemorrhage or other evidence of penetration of subcutaneous tissue or muscle subjacent to the gunshot wound to the left of the midline of the abdomen designated as gunshot wound 40-1/2 inches above the sole of the left foot. This appears to be fragment injury. There is hemorrhage in the apical region of the left chest cavity associated with multiple fragment injuries in this area. A deformed lead fragment is retrieved from the region of the left clavicle and shoulder region within this area of hemorrhage. About five additional small irregular metal fragments, including one small fragment of copper jacket, are retrieved from the upper left arm and axillary area.

There is only a very small amount of blood in each pleural cavity and a few ccs of blood in the pericardial cavity. There is also blood in the peritoneal cavity, the volume of which is estimated at no more than about 50-100 ccs. There is no evidence of blunt force trauma to the chest or abdomen. The pleural, pericardial and peritoneal membranes are smooth and glistening. The thoracic and lumbar vertebral column and pelvis are intact.

NECK: There is no soft tissue hemorrhage or other evidence of trauma to the neck. The hyoid bone and laryngeal cartilages are intact. The cervical spine is intact.

CARDIOVASCULAR SYSTEM: The heart is 185 grams. The epicardial and endocardial surfaces are generally smooth and glistening. The superficial gunshot wound to the front of the right and left ventricles has been noted above. There is hemorrhage in the epicardium that extends into the outermost part of the myocardium for a depth of about 2 mm. The myocardium on section is otherwise uniformly firm and red-brown with no focal lesions. The coronary arteries are fully patent throughout. The aorta and great veins of the chest and abdomen are anatomically normal with no evidence of trauma or disease.

RESPIRATORY TRACT: The tracheobronchial tree is intact. There is a small amount of blood in the airway. The right lung is 178 grams, the left 269 grams. The injuries to the lowermost parts of each lung have been noted above. The lungs are otherwise generally pink and well-aerated but there is bilateral evidence of aspiration of blood. The lungs show no evidence of disease.

GASTROINTESTINAL TRACT: The oropharynx, esophagus, stomach, small intestine, large intestine and appendix are all normally formed. There is injury to the small bowel from the gunshot wound to the left side of the abdomen, as noted above. The stomach is empty.

PANCREAS: The pancreas is normal, externally and on section.

HEPATOBIILIARY SYSTEM: The liver is 1029 grams. The gunshot injury to the right lobe has been described above. The liver parenchyma is otherwise uniformly firm and red/brown with no evidence of disease. The gallbladder is normal.

GENITOURINARY TRACT: The right kidney is 97 grams, the left 93 grams. The cortical surfaces are smooth, and the cut surfaces show normal corticomedullary demarcation with no focal lesions. There is slight pallor of the renal parenchyma generally. The pelves and ureters are normal. The bladder is empty.

The uterus and ovaries are present and normally formed with no evidence of disease. The uterus is non-gravid.

LYMPHOID SYSTEM: The spleen is 64 grams. The capsule is intact. The parenchyma is purple-tan with the normal follicular pattern. Lymph nodes throughout the body are small and inconspicuous.

MALIK/AKA: JANE DOE #59-15 AUTOPSY CONTINUED
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ENDOCRINE SYSTEM: The pituitary, thyroid and adrenals are grossly normal.

- DIAGNOSIS:**
- I. 29-year-old female assailant from shooting at Inland Regional Center. Shot dead during shootout with law enforcement.
 - A. Multiple gunshot wounds.
 1. Two through-and-through gunshot wounds of the vertex of the head with multiple comminuted skull fractures and partial brain avulsion.
 2. One grazing gunshot wound of upper anterior chest wall.
 3. Gunshot wound of left breast with multiple surrounding fragment injuries and bullet path through the left lung, across the front of the heart, and right lung.
 4. Gunshot wound of left abdominal wall with bullet path through small bowel and liver. Copper jacket and bullet core retrieved from right side of abdomen.
 5. Multiple (at least three) gunshot wounds with multiple fragment wounds of left upper extremity and fracture of left humerus.
 6. Multiple gunshot wounds and fragment injuries of right thigh with fracture of the mid shaft of the right femur.
 7. Multiple gunshot wounds and fragment injuries of left lower extremity.
 - B. Toxicological examination (heart blood) negative.

CAUSE OF DEATH: Multiple gunshot wounds, seconds.

Manner of Death: Homicide

COMMENT: The subject died from multiple gunshot wounds involving the head, chest, abdomen, and extremities. All of the projectiles retrieved at autopsy were generally consistent with .223 rounds or similar ammunition. Many of the individual wounds of the body were caused by fragmented bullets and probably parts of the vehicle, including glass. The through-and-through gunshot wound of the right anterior thigh could have been caused by a shotgun slug but this cannot be verified as the projectile exited. The total number of shots that hit the subject is at least fifteen and possibly more, the fragmentation of many of the projectiles making it impossible to get an exact count. Judging by the very small amount of hemorrhage in the body cavities, it would appear that the subject died very rapidly, probably within seconds of receiving the major wounds. The great majority of the gunshot wounds have a trajectory of left to right in relation to the subject's body. The two gunshot wounds through the top of the head were, however, front to back. All of the gunshot wounds were of indeterminate range.

WITNESSES PRESENT: T. Foster, Brendon Motley, San Bernardino Sheriff's Department; Tommy Le, Douglas A. McAllister, Rebecca H. Marriott, Steven Eidson, Shannon Snead, Victoria Milko, Federal Bureau of Investigation.

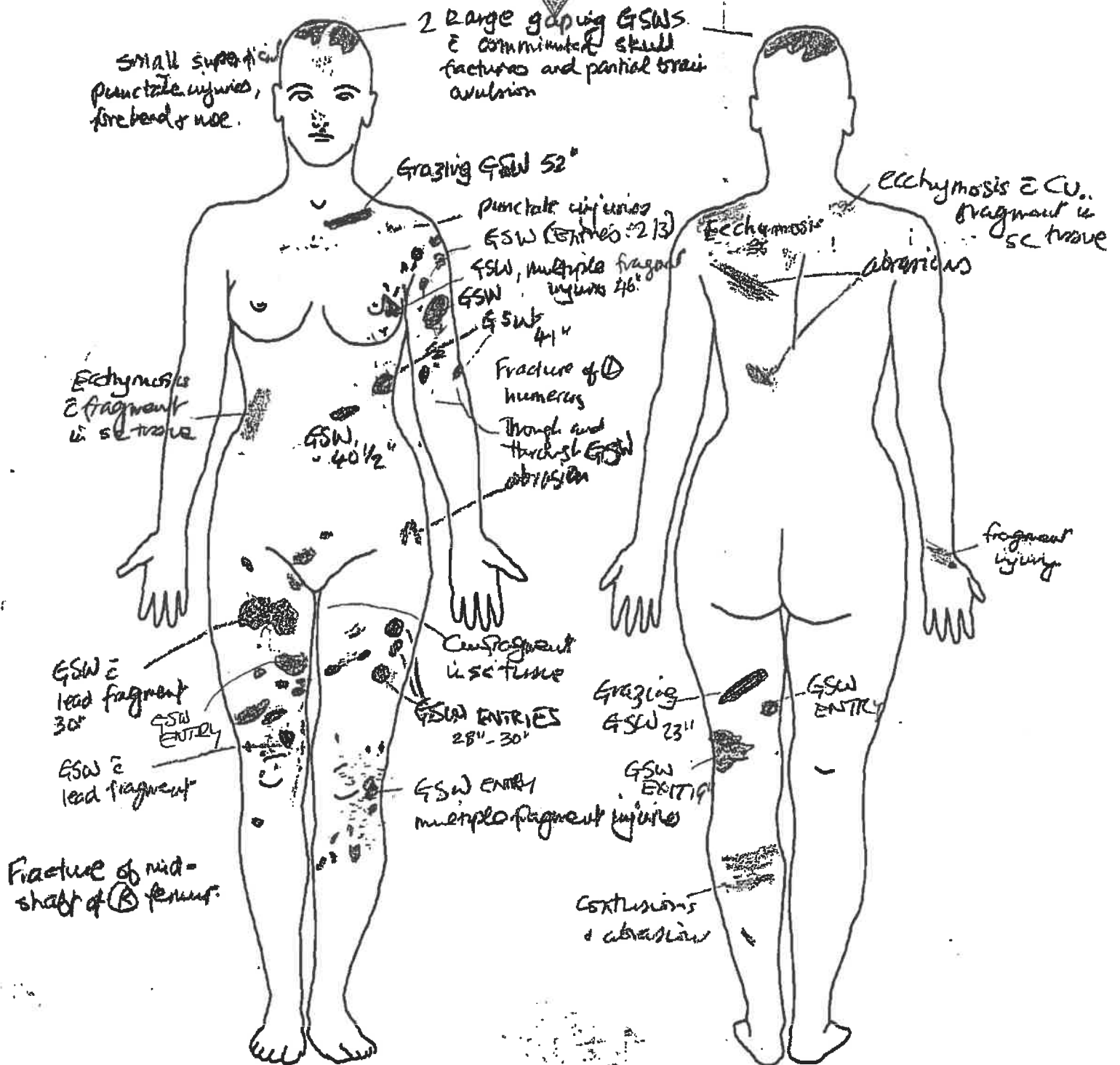
Autopsy Completed 1730 hours, December 8, 2015.

Frank Sheridan M.D.
Frank Sheridan, M.D.
Pathologist

Date: 3/17/16

FS:pm

San Bernardino County Sheriff/Coroner



Full body Female, Anterior / Posterior Views. (Ventral & Dorsal)

Name: TASHEEN WALIK Coroner Case # 701509083 Autopsy # A 1629-15 FS
 Age: 29 Race: - Sex: F Date: 12/8/15



County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

JONATHAN R. LUCAS, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER
5570 OVERLAND AVE., Ste #101, SAN DIEGO, CALIFORNIA 92123-1208
TEL: (858) 694-2895 FAX: (858) 495-5956

SAN BERNARDINO COUNTY CORONER TOXICOLOGY REPORT

Name: MALIK, Tashfeen
SBCCO Number: 701509083
Autopsy Number: A1629-15 FS
Date of Death: 12/02/2015
Pathologist: Frank Sheridan, M.D.
Specimens Received: Heart Blood, Vitreous
Date Specimens Received: 12/10/2015

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC/FID-Headspace)</u>	Heart Blood	
Alcohol (Ethanol)		Not Detected
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Heart Blood	
Cocaine metabolites		Not Detected
Amphetamines		Not Detected
Opiates		Not Detected
Benzodiazepines		Not Detected
Fentanyl		Not Detected
Cannabinoids		Not Detected
Phencyclidine (PCP)		Not Detected
Oxycodone		Not Detected
Methadone		Not Detected
Zolpidem		Not Detected
Carisoprodol		Not Detected
Buprenorphine		Not Detected
<u>Base Screen (GC/MS)</u>	Heart Blood	Not Detected

Unless otherwise requested, all specimens will be destroyed twelve (12) months after the date recorded on this report
End Results

Approved and Signed:
12/21/2015

Iain M. McIntyre
Iain M. McIntyre, Ph.D.
Forensic Toxicology Laboratory Manager
(All Inquiries/Correspondence)

Reviewed:

Catherine E. Hamm
Catherine E. Hamm
Forensic Toxicology Laboratory Supervisor