

## **Statement Regarding the Medical Examiner's Report of Michael "Biker" Sherlock**

By Amy Sherlock, Widow

June 17, 2022

It's been nearly 7 years since my husband left me and our boys with what the medical examiner ruled as a suicide. This is not an easy topic for me to revisit. It brings back memories and emotions that renew the pain we suffered when we found out he was gone. To those who might question why it is I'm revisiting these issues now, I can tell you that I had not seen the ME report until February 2020 when I hired counsel to bring a civil action against parties that had taken advantage of the fact that I was not informed of what Biker had been doing in establishing a licensed cannabis business in San Diego.

The reason I am just now focusing on the irregularities and inaccuracies in the final 01/05/16 ME Report is because I believe it is my duty to bring this information to my lawyers and those who are interested in investigating for criminal prosecution. The following comments will address specific elements of the ME Report which has been attached to this statement.

### **ANTEMORTEM EVENTS**

See Page 2 Para 2; [In the June 7, 2022, Blake Law Letter \(BLL\)](#) Stephen Lake said "they were all little things but the decedent appeared to be overwhelmed." [In my replies to the BLL](#) I stated:

- The "little things" that Lake is referring to is his opinion that Biker's alleged signing of the dissolution of his business (I have proved this signature to be a forgery) and everything that he'd worked on for the past two years was worthless. This is absurd when one considers how valuable these CUP licenses and Biker had successfully acquired two of these licenses.

### **PAST MEDICAL, SURGICAL AND SOCIAL HISTORY**

See Page 2, Para 3: "He had become increasingly depressed over business losses." *Amy Sherlock*

- Biker had businesses of his own since 1994. I met him in 1996. While there were ups and downs in these businesses, Biker never stressed over them. He was a happy go lucky guy. The significance of the stresses he faced during the CUP acquisitions were abnormal. It was elevated beyond any of the normal stresses I have seen him in the 20 years I had known and loved him.
- In my 12/03/15 interview with Sarah Joseph, San Diego County Medical Examiner Investigator, the day of his death, I told Ms. Joseph that the only stress that Biker seemed to be facing were those stresses that were associated with his ownership of the two CUPS he had just acquired. The ME took this information and nowhere in the report is it even alluded to. To be clear, the Biker that died that day was stressed but there is no doubt in my mind that those stresses were CUP related.
- Of note Ms. Joseph only refers to me and my comments to her were in this "He had become increasingly depressed over business losses" quote. On the hand, Ms. Joseph gave LAKE over a paragraph in the ME Report to describe what he believed Biker was stressed over which would have led to his taking his life.
- Biker loved me and his family. We were his everything. If Biker was intent on taking his life that night, he would have left me a suicide note. It would have expressed his

overwhelming sense of failure to me and our boys. That was not the Biker that left the house that night. As I recall the Ms. Joseph interview, she doesn't even ask me if Biker left a note to me and the boys. I have no doubt that Biker had every intention of returning that night. He brought his gun to this beach meeting because there was a potential threat to his safety, and he did not want the meeting to occur at our house. In hindsight, the Joseph interview was more about making the ME suicide narrative work in the report to the extent it would not be questioned.

See Page 2, Para4: "The decedent stated he had a history of depression and took Wellbutrin for several years" (Dr. Howard made this statement.)

- While Biker may have been prescribed Wellbutrin he was not one to take anti-depressants. He preferred to work these stresses out on his own. It is for that reason, I can say that the Biker I'd known for over 20 years was stressed but not to the point that those stresses would have led to him taking his own life. I believe that if one were to look into the Wellbutrin prescription that Dr. Howard wrote, it's unlikely it was ever even filled.

### **SCENE DESCRIPTION**

See Page 3, Para 1: "There were a few small droplets of blood spatter north of the body. A Sig Sauer 9mm semiautomatic handgun, serial number B246247 was against the decedent's left hip. The backstrap (back of the grip) was on the rocks and the magazine was partially ejected. There was one PMC 9mm Luger cartridge in the magazine."

- I am no forensics expert but how does the gun end up on his left hip when Biker was right-handed? If he had made the one shot that led to his death he would have used his right hand as I had seen him shoot in the past during target practice at the shooting range. In stabilizing the gun while being fired he assumed the normal right-hand grip with the left-hand palm face up to stabilize the gun while being fired. If that were the case wouldn't there have powder residue on both hands. The ME Report doesn't test for gun powder on either hand.
- Assuming Biker would have killed himself, it would have most likely been by him holding that gun in his right hand. When fired the gun would be propelled backwards and to the right. To find the gun "beside his left hip" strains credibility. Ms. Joseph never asked me what hand Biker used nor is that information anywhere in her report.
- Back strap was on the rocks (facing which way?) I am of the opinion this was a staged scene.
- The magazine was found partially ejected. Why? It's not normal for a magazine to be partially ejected. This ejection requires two hands, an act that would have, in all likelihood, occurred after death. Obviously not something Biker could have done once dead.
- There was one PMC 9mm Luger cartridge in the magazine. This too is suspicious. Biker always had full clips ready to go. That gun would have been fully loaded. Having 2 bullets is just odd. I believe whoever was responsible for Bikers murder took the cartridges out and left one behind by accident and THAT explains why the magazine is partially ejected.

- No Casing was found during a search of the scene. Why? Where would it go?

### **BODY DESCRIPTION**

See Page 3, Para 2: "The decedent was seated on the rocks with his legs extended straight in front of his body."

- This is odd to me because Biker had terrible lower back pain and it was painful for him to sit this way. He would've sat with his legs crossed "Indian style"

"There was a contusion on his right forehead"

- They are not attributing the contusion to the bullet wound. Ms. Joseph did not ask me if those wounds were there when he left the house. Had she asked, I would have told her that there were no signs of any wounds on Biker when he left. That evening Biker gave no indication he had to leave. When he left the house, it was abrupt. When he got to the beach there was a fight. The forehead, the chin, the knuckles and a wound on his leg were not there when he left the house that evening. Again, I got ONE sentence in this report!!! Obviously, there was no interest in investigating these issues.

"At 0845 hours, clean white paper protective bags were placed over his hands"

- In subsequent pages. The lack of Gun Shot Residue (GSR) is observed. They obviously were looking for this evidence but then decided not to test for it. Hmmm who made that call? What were they afraid of NOT finding? If I say that no GSR evidence was observed, and I was going to rule that death a suicide I would have damn sure tested for GSR.

### **AUTOPSY SUMMARY**

See Page 4, Para E; "Wound pathway: the wound pathway directed front-to-back and upward with no significant right/left deviation."

- It seems highly unlikely that a person committing suicide with a single shot from his own hand would be able to accomplish this with such precision given that there was no "significant" deviation in the bullet path. To put the gun at that perfect trajectory is uncomfortable and not likely when considering the way these types of wounds would track. It is far more likely that the murderer delivered an upward angle shot that while standing in front of Biker gave them the opportunity to do so. Also based on the way Biker was found he would have been sitting Indian style with legs crossed not with his legs "directly out in front of him." Biker suffered from lower back pain. He only would sit cross legged. I am inclined to believe that Biker was shot while standing up. After brawling with these people and who once executed, positioned Biker in the easiest fashion which would be with his legs straight out. You can't put the corpse in a cross-legged position. Biker fought for his life that night. These cowards, intent on stealing Biker's dreams of owning a licensed dispensary, had lured him to his death. A death based on the evidence was most certainly not a suicide.

### **OTHER INJURIES**

See Page 4, Letter A: "Abrasions and contusions of forehead, chin, posterior aspect of right hand, and right leg."

- I can state with absolute certainty that Biker did NOT have these injuries when he left home that night. These are all defensive wounds!

### OPINION

See Page 5, Para 1: “Gun at left hip”

- As previously stated, Biker was right-handed

“During that time, the decedent presented to his brother a list of problems that Steve thought were all little things, but the decedent apparently appeared overwhelmed.”

- See antemortem events as restated here with qualifying objections.

“The wound pathway was directed front-to-back and upward with no significant right/left deviation. There was evidence of close-range discharge of a firearm (soot surrounding tongue injury). There were other minor injuries to include scattered abrasions.”

- See Autopsy Summary and Other Injuries as restated here with qualifying objections.

### CLOTHING AND PERSONAL EFFECTS

See Page 7, Para 4: “White paper bags cover the hands and are secured with tape; **they are removed and discarded due to lack of evidentiary value.**” (Emphasis added)

- Why was there “lack of evidentiary value” when just a few paragraphs later (Page 7 Para 9) it is states “no obvious soot or gunshot residue is identified?”
- How is it not evidence of foul play when a supposed suicide by intraoral gunshot wound and there’s not obvious gunshot residue on the hands. This should have been suspicious to the investigators and a test for GSR should’ve been performed. Why wasn’t it?

### MINOR INJURIES

See Page 8, Para 6; “A 1 x 1 inch red abrasion is on the right forehead, just above the lateral aspect of the right eyebrow. A 1/16 inch round abrasion is on the chin region. Multiple abrasions are on the posterior aspect of the right hand and digits of the right hand. A 1 x 1 inch faint red-pink contusion is on the anterolateral aspect of the distal right leg.”

- As previously stated, Biker did not have a 1x1 inch abrasion above his eyebrow when he left home at 9:00 pm. This injury could not have been caused by a self-inflicted gunshot wound.
- A 1/16 inch round abrasion on his chin. Again, not caused by a self-inflicted gunshot wound and it wasn’t there when he left home.
- Multiple abrasions on the posterior aspect of the right hand and digits. Cuts on his knuckles. They absolutely were not there when he left home. These are defensive wounds. He fought for his life.
- A 1x1 inch red-pink contusion on the anterolateral aspect of the distal right leg. Biker didn’t exercise, skateboard or do anything that day that would explain this injury as well.

- What is so disturbing and suspicious is that the police, medical examiner and/or coroner did not ask me about these injuries. In fact, since LAKE proposed that Biker may have suffered from a CTE related condition. Now that I have analyzed the ME Report I looked for any evidence that CTE injuries were diagnosed in the autopsy. This confuses me now because days of Biker's I began placing calls to Dr. Robert Stabley, Deputy Medical Examiner, to offer Biker's brain up to CTE research. Since the ME still had Biker's body I thought this might be a way of having Biker give something back to the world if CTE was a condition that led to his "suicide." It took several calls before I was able to reach him. I recall offering Dr. Stabley for this purpose and his response was: "that they had looked but there was no evidence of it."

Years later I spoke with Ms. Lisa McHale of the CTE Foundation who had been trying for years to contact me about what was being widely reported as a suicide brought on by CTE. When I finally spoke with her in 2019, I was still of the belief that Biker's death was a suicide. What I did come to learn after speaking with her is that the San Diego County Coroners office knows the procedures that are involved in a brain donation in a possible CTE related suicide. I was adamant that something good come from Biker's death. In our conversation, Dr. Stabley was not having any of it. He was dismissive of my wishes to see the CTE Foundation have his brain for research. Biker was a HOME-TOWN HERO! I knew why Lisa wanted to examine Biker's brain! He had notoriety! This condition affects a growing number of athletes who take their lives because they suffered from this condition. I now have two ways to consider this; 1) is that Biker did not suffer from CTE which means he was not under a suicidal risk based on having CTE. 2) is that Dr. Stabley did not want any additional forensic work occurring on Biker. Work that may have led to a reopening of the original ME Report. I now believe that both of these conditions are the case. Biker did not have CTE. He did not commit suicide and my wishes to donate his brain to science was purposefully ignored.

- The Medical Examiner Investigator, Ms. Sarah Joseph asked me, "***Does he work on engines?***" I replied yes because he did occasionally. Now that I have the information contained in the ME Report, I realize Ms. Joseph was looking for me to give her a reason to explain these injuries. Had she done what was required of her and actually investigated these issues, she should have asked, "He had cuts and bruises on his face and right hand. Did he have these when you last saw him? Do you know how he would have gotten these injuries? Had she done that, I absolutely would've questioned the suicide and insisted on a murder investigation. It is terrifying that the lack of even a rudimentary investigation didn't take place. By these people simply not doing their job, they put me and my boys in harms way. Those that killed Biker, would have no problem coming after me and my family should they feel threatened that I would demand to know who was behind Biker's murder.

**Conclusion:** What really upsets me about how Biker's death, his business dealings with his so-called partners and the various professionals who determined his cause of death would be that collectively they deceived me. Even in my grief, I asked the right questions that would have led to the facts surrounding his death. In response I was lied to. As his widow I should have been intimately involved in the financial affairs that Biker had prior to his death. Again, I was deceived because, short of killing me, I was not considered to be the impediment that Biker was when it came to owning those CUP's.

There are a number of issues that give rise to what must be a question of how Biker died and the events that surrounded his death. In addition to the evidence and opinions I have presented here, I am left with some questions that go to how Biker's autopsy, specifically his brain, could have ruled out CTE when there only two places in the world that specialize in identifying CTE in a postmortem situation. Dr. Stabley knew what the procedure required if CTE was suspected. It required following my wishes to have Biker's brain given to research. That did not happen! Either he incompetent or in on the conspiracy. I do not believe for one second that an ME will go around the "order" that requires the report to be ruled a suicide. They just have to be smart enough to not get caught.

Lastly, I now have a [audio recording](#) that was made by an individual on the inside of these cannabis cup operations who states that, among other things, he has knowledge that Biker's death was not a suicide. It was murder. When I listen to this audio and I hear what he describes as how these criminals handle those who get in the way of their cannabis monopolies, I am left with the agony that I now know Biker had to be enduring once he knew who his so-called partners were. My heart breaks for him. When I consider all the evidence I have poured over and that has contributed to this statement, I come to the realization that all the criminals surrounding Biker's death are not only the ones who pulled the trigger. There are many of them who are respected professionals and family members who in their blind greed cost me my husband and my sons, a father. For us , this will never be over!

*Amy Sherlock*

Enclosures: ME Report



# County of San Diego

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

OFFICE OF THE MEDICAL EXAMINER  
5570 OVERLAND AVE., SUITE 101, SAN DIEGO, CALIFORNIA 92123-1206  
TEL: (858) 694-2895 FAX: (858) 495-5956

## INVESTIGATIVE REPORT

1/5/2016

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) <b>SHERLOCK, Michael De Carlo</b>			AKA	HIO <input type="checkbox"/>	CASE NUMBER <b>15-02760</b>
	INVESTIGATOR <b>Sandra Joseph</b>	REPORTED BY <b>Officer Armstrong ID</b>	REPORTING AGENCY <b>San Diego County Medical Examiner</b>		PREVIOUS WAIVE #	
	CALL DATE AND TIME <b>12/03/2015 0703</b>		ARRIVAL DATE AND TIME <b>12/03/2015 0810</b>		RETURN DATE AND TIME <b>12/03/2015 1300</b>	
DECEDENT	DATE AND TIME OF DEATH <b>12/03/2015 0634</b>	DATE OF BIRTH <b>01/25/1968</b>	AGE <b>47 Years</b>	GENDER <b>Male</b>	RACE <b>White</b>	
	RESIDENCE (STREET, CITY, STATE, ZIP) <b>5439 Westknoll Drive San Diego, CA 92109</b>			COUNTY	LAST SEEN ALIVE <b>12/2/2015 2000</b>	
	COUNTRY OF RESIDENCE <b>USA</b>	OCCUPATION <b>Self-employed</b>		PAID AUTOPSY <input type="checkbox"/>		
DEATH	LOCATION OF DEATH <b>Found, Tourmaline Surfing Park</b>			TYPE OF PLACE <b>Other</b>		
	ADDRESS (STREET, CITY, STATE, ZIP) <b>N 32 48 20 W 117 15 47 La Jolla, CA 92037</b>					
	SUMMARY <p>The decedent was a 47 year old, married, White male who resided in San Diego with his wife and two minor children. The decedent was last seen by his wife on the evening of 12/3/2015 when he was upset and said he was going to the beach. On the morning of 12/3/2015, a surfer at Tourmaline Surfing Park saw the decedent seated on the rocky beach against the cliff. As he approached, he saw blood on his face and a gun at his left hip. The surfer called 9-1-1. San Diego Police Department and San Diego Fire Department engine 21 responded to the scene and death was confirmed without intervention.</p> <p>Medical Examiner's jurisdiction invoked according to the California Government Code 27491: Death due to known or suspected suicide.</p>					
INCIDENT	LOCATION OF INCIDENT <b>Beach</b>			INCIDENT PLACE TYPE AT WORK <input type="checkbox"/> AT RESIDENCE <input type="checkbox"/>		
	ADDRESS (STREET, CITY, STATE, ZIP) <b>N 32 48 20 W 117 15 47 La Jolla, CA 92037</b>			COUNTY <b>San Diego</b>		
	DATE AND TIME OF INCIDENT <b>12/03/2015 Unk</b>	INVESTIGATING AGENCY <b>San Diego Police</b>	OFFICER <b>Officer Armstrong</b>	BADGE # <b>7324</b>	REPORT #	
	DECEDENT WAS	BELTED <input type="checkbox"/> Yes <input type="checkbox"/> No	HELMETED <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION	ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	
	VEHICLE	LICENSE NUMBER			STATE	
NOTIFICATION	IDENTIFIED BY <b>Sandra Joseph</b>		METHOD <b>Personal Effects</b>	DATE AND TIME <b>12/03/2015 0810</b>		
	FUNERAL HOME <b>Bayview Cremation &amp; Burial</b>		PROPERTY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PUBLIC ADMINISTRATOR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF EXAM <b>Autopsy</b>	
	NAME OF NOK OR OTHER <b>Amy Sherlock</b>	RELATIONSHIP <b>Wife</b>	DATE NOTIFIED <b>12/3/2015</b>	NOTIFIED BY <b>Other</b>		
	NAME OF NOK OR OTHER <b>Steve Lake</b>	RELATIONSHIP <b>Brother in law</b>	DATE NOTIFIED <b>12/3/2015</b>	NOTIFIED BY <b>Law Informant</b>		

San Diego Medical Examiner  
5570 Overland Avenue, Suite#101  
San Diego, CA 92123-1206  
(858) 694-2895

Case Number : 15-02760  
Investigator : Sandra Joseph  
Date of Death : 12/03/2015  
Date Today : 01/05/2016

## INVESTIGATIVE NARRATIVE

**Decedent:** Michael De Carlo Sherlock

---

### Antemortem Events:

On 12/3/2015 at 0812 hours, I obtained the following information from San Diego Police Officer Armstrong ID 7324 at the scene. On the morning of 12/3/2015, a surfer at Tourmaline Surfing Park, just south of Bird Rock was walking along the rocky beach to see surf conditions. As he rounded a small point, he saw the decedent seated against the cliff wearing street clothes. He walked closer as the tide was up and saw the decedent had blood around his face and a gun at his left hip. The surfer went up the beach access steps to the intersection Sea Ridge Drive and Linda Way and flagged down Tad Hodgson, who had just arrived to surf. Tad Hodgson used his cell phone to call 9-1-1. Officer Armstrong and San Diego Fire Department Engine #21 responded to the scene. Paramedic McCain confirmed death without intervention due to obvious fatal head trauma.

On 12/3/2015, I obtained the following information from the decedent's brother in law, Steve Lake at the decedent's home on. Steve stated he had spoken with the decedent on 12/2/2015 and "he was in a funk". Steve told the decedent he was coming over and they spent several hours together. During that time, the decedent had presented Steve with a list of problems. Steve said they were all little things but the decedent appeared to be overwhelmed. They talked about tackling the problems one by one until they were gone. The decedent never made any suicidal threats or appeared to be in any distress. When Steve left the decedent appeared better. On the morning of 12/3/2015, Steve's sister, Amy Sherlock, the decedent's wife called him and said the decedent had left around 2000 hours to go to the beach and he had not come home. Amy heard reports of a death at the beach and she asked Steve to go see if it was the decedent. This particular stretch of beach was sentimental to Amy and it was a known location to the decedent. Steve went to the location and saw the decedent's Ford Flex. He spoke with police and was advised of the death.

### Past Medical, Surgical, and Social History:

On 12/3/2015, I obtained the following information from the decedent's wife, Amy Sherlock, at her home in San Diego. He had become increasingly depressed over business losses. The decedent saw his primary care physician, Dr. Howard Williams of Scripps and was prescribed Ambien. They were trying to get him psychiatric help but no appointments were available until February 2016. The decedent did not smoke cigarettes or drink alcohol. He did smoke marijuana but had quit a few months ago. The decedent never made any threats or expressed any suicidal ideation. The decedent was in a BMX bicycle accident several years ago and his spleen was removed.

I obtained the following information from the office of Dr. Howard Williams, MD, the decedent's primary care physician. The decedent was seen on 3/9/2015 for an annual physical and to establish as a patient. History given was variety of injuries related to being a skateboarder, BMX rider and stuntman. The decedent had previous carpal tunnel surgery of both wrists, knee surgery and removal of his spleen three years previously. The decedent had a complaint of chronic back pain but was not on any medications at that time. On 11/12/2015, the decedent was seen for trouble sleeping and anxiety. He had lost his job and was sleeping poorly. His wife reported he snored very loudly and she had witnessed episodes of sleep apnea. The decedent stated he had a history of depression and took Wellbutrin for several years. He was diagnosed with sleep disturbance, obstructive sleep apnea, depression and back pain. He was started on Trazodone 50 mg tablets to be taken at bedtime.

### Scene Description:

On 12/3/2015 at 0815 hours, I arrived at the scene. At the time of my arrival, the tide was going out and it was daylight. The area of the beach was comprised of large rocks overlying coarse sand. Some rocks were smooth and some were broken and had sharp edges. There were homes situated on the cliffs above the beach. There is a stairway leading from Sea Ridge Drive down to the beach which is frequented by surfers. There were seagulls on the beach and small crustaceans in proximity to the body. The decedent was seated with his back against the cliff at GPS Coordinates N 32 48



20 W 117 15 47. There were a few small droplets of blood spatter north of the body. A Sig Sauer 9mm semiautomatic handgun, serial number B246247 was against the decedent's left hip. The backstrap (back of the grip) was on the rocks and the magazine was partially ejected. There was one PMC 9mm Luger cartridge in magazine. There was rust on the weapon and the magazine. No casing was found during a search of the scene. The decedent's cell phone, wallet and keys were found in his pants pockets. The decedent's gray Ford Flex, California License Plate 6MP752 was parked on Linda Way. The vehicle was locked. The front seat appeared to be situated for someone of his reported height on the driver license of 5'10". The interior of the vehicle was very clean and neat. There was a crumpled white t-shirt in the rear of the vehicle and another shirt on a hanger. There was no blood inside the vehicle. There were no stains on the white t-shirt. The decedent's cell phone was fingerprint and password locked, however the notifications showed numerous missed phone calls and messages. The scene did not appear staged.

**Body Description:**

On 12/3/2015 at approximately 0825 hours, I viewed the body. The decedent was seated on the rocks with his legs extended straight in front of his body. His head was turned slightly to the right (North). His left hand was on his lap and his right hand was across rocks. There were a few small blood droplets North of the body. The decedent was wearing gray sweatpants, black hoodie zippered closed, red t-shirt and black lace shoes. There was a black ball cap was partially on and behind left shoulder. There were numerous ants and sea roaches on the body. There was drying blood from the right side of his mouth. There was small blood spatter around his mouth and drying blood from his right nostril. There was a large blood clot in his mouth. There was a contusion on his right forehead. I palpated a possible defect in his mouth but could not view it due to clotted blood. There was crepitus of his head and a large depression on the occipital area of his head. There was no defect visible on the scalp. At 0845 hours, clean white paper protective bags were placed over his hands.

On 12/3/2015 at 0920 hours, 92M Transport personnel E. Arenas and Y. Andre placed the decedent in a clean, white pouch and blue tamper evident seal 4141517 was affixed to the pouch for transport to the Medical Examiner's Office.

**Special Requests:**

There were no special requests.

**Identification:**

I identified the decedent from his California Driver License #B3811759.

**Antemortem Specimens:**


Not applicable.

**Public Administrator:**

A referral to the Public Administrator was not requested.

**Other Important Factors:**

There were no other important factors.

Signed:   
Sandra Joseph  
Medical Examiner Investigator

Date Signed: 1/3/2016

Approved by: 



# 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., SUITE 101, SAN DIEGO, CALIFORNIA 92123-1206

TEL: (858) 694-2895 FAX: (858) 495-5956

## AUTOPSY REPORT

<b>Name:</b>	MICHAEL DE CARLO SHERLOCK	<b>ME#:</b>	15-2760
<b>Place of death:</b>	Tourmaline Surfing Park N 32 48 20 W 117 15 47	<b>Age:</b>	47 Years
<b>Date of death:</b>	Found, December 3, 2015; 0634 Hours	<b>Sex:</b>	Male
<b>Date of autopsy:</b>	December 4, 2015; 0915 Hours		

CAUSE OF DEATH: PENETRATING INTRAORAL GUNSHOT WOUND

MANNER OF DEATH: SUICIDE

### AUTOPSY SUMMARY:

- I. Penetrating intraoral gunshot wound:
  - A. Entrance: oral cavity/posterior pharynx.
  - B. Injury to: oral cavity, posterior pharynx, brainstem/upper cervical spinal cord, base of skull, and structures of posterior neck.
  - C. Exit: none.
  - D. Recovered: partially deformed copper-colored jacketed bullet recovered from tissue of posterior aspect of neck.
  - E. Wound pathway: the wound pathway directed front-to-back and upward with no significant right/left deviation.
  - F. Associated injuries: hemorrhage along wound path, subarachnoid hemorrhage greater at base and right side of brain, subdural hemorrhage (approximately 20 ml), linear fractures of anterior cranial fossae and right and left sides of posterior cranial fossa, contusions of inferior temporal lobes of brain, hemoaspiration, fine oral stretch marks on right and left aspects of skin of lips, and multiple contusions and abrasions of lower lip.
  
- II. Other injuries:
  - A. Abrasions and contusions of forehead, chin, posterior aspect of right hand, and right leg.

- III. No evidence of significant natural disease identified.
- IV. Other findings:
  - A. Extensive peritoneal adhesions and absent spleen status post remote splenectomy.
- V. Toxicological testing not contributory.

OPINION: According to the investigative information, the decedent was a 47-year-old White male who lived in San Diego with his wife and two minor children. The decedent was last seen alive on December 2<sup>nd</sup> around 2000 hours, when he was upset and said he was going to the beach. On the morning of December 3<sup>rd</sup>, a surfer at Tourmaline Surfing Park saw the decedent seated on a rocky portion of the beach against a cliff. As he approached he saw the decedent had blood on his face and a **gun at his left hip**. The surfer called 911. San Diego Police Department and San Diego Fire Department Engine 21 responded to the scene and death was confirmed without intervention. The decedent's brother stated that the decedent was "in a funk." The brother told the decedent he was coming over to his residence and they spent several hours together. **During that time, the decedent presented to his brother a list of problems that Steve thought were all little things, but the decedent apparently appeared overwhelmed.** They talked about tackling the problems one by one until they were gone. The decedent never made suicidal threats or appeared to be in any distress. When his brother left, the decedent appeared better.

At the scene, the brother located the decedent's vehicle close by. The decedent had a primary care physician and was prescribed Ambien at some point because he was becoming increasingly depressed over business losses. The family was trying to get him psychiatric help, but no appointments were available until February of 2016. The decedent reportedly did not smoke cigarettes or drink alcohol. He did smoke marijuana. He never made any threats or expressed suicidal ideation. Per the decedent's wife, the decedent had remote surgery and his spleen was removed after a BMX accident. According to medical records review, the decedent had a history of sleep disturbance, obstructive sleep apnea, depression, and **back pain**.

The autopsy documented a well-developed, well-nourished male appearing the stated age of 47 years. There was an intraoral gunshot wound that injured the tongue, posterior pharynx, brainstem/upper cervical spinal cord, base of skull, and soft tissues of posterior aspect of the neck. No exit wound was identified. A partially deformed copper-colored jacketed bullet was recovered from the soft tissue of the posterior neck at autopsy. The wound pathway was directed front-to-back and upward with no significant right/left deviation. There was evidence of close range discharge of a firearm (soot surrounding tongue injury). **There were other minor injuries to include scattered abrasions.** There was

no evidence of significant natural disease. There was evidence of a remote splenectomy. Toxicological testing detected no ethanol or common drugs of abuse in the blood.

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **penetrating intraoral gunshot wound**, and the manner of death is **suicide**.

ROBERT STABLEY, M.D.  
Deputy Medical Examiner

Date signed:

The autopsy was performed at the Office of the San Diego County Medical Examiner on December 4, 2015 beginning at 0915 hours.

IDENTIFICATION: The body is identified by two Medical Examiner's identification bands on the right ankle bearing the decedent's name and case number.

WITNESSES: Assisting with the autopsy is Forensic Autopsy Specialist Stephen Hannum. There are no outside observers.

CLOTHING AND PERSONAL EFFECTS: A brown paper bag containing clothing accompanies the body at autopsy. In addition, a black, long-sleeved, zipper down the middle sweatshirt and a short-sleeved, red T-shirt are on the body. There are no obvious defects on the shirt or the sweatshirt. **White paper bags cover the hands and are secured with tape; they are removed and discarded due to lack of evidentiary value.**

EVIDENCE OF MEDICAL INTERVENTION: There is no evidence of medical intervention identified at autopsy.

### **EXTERNAL EXAMINATION**

Injuries are fully described in the "Evidence of Injury" section below. The body is that of a well-developed, well-nourished male. The body weighs 187 pounds, is approximately 67 inches in length, and appears compatible with the reported age of 47 years. The body is well preserved, cold, and has not been embalmed.

The head is injured. The scalp hair is brown with streaks of gray and approximately 2-1/2 inches long. The face is clean shaven. The irides are green. The corneas are cloudy. The conjunctivae and sclerae are unremarkable. No petechial hemorrhages are seen. The external auditory canals, external nares, and oral cavity contain blood. The ears and earlobes are unremarkable. The nasal skeleton and maxilla are palpably intact. The lips and oral mucous membranes are injured. The teeth are natural. Examination of the neck reveals no gross evidence of injury.

The chest is symmetrical. The breasts are those of an adult male with no palpable masses. The abdomen is flat and soft. A vertical midline surgical scar extends from the epigastrium to approximately 3 inches inferior to the umbilicus. No other obvious surgical scars are seen. The back is symmetrical and unremarkable.

The extremities are symmetric and normally formed without track marks, ventral wrist scars, edema, deformities, or amputations. The fingernails and toenails are intact. There is blood on both hands. **No obvious soot or gunshot residue is identified.**

The genitalia are those of an adult male with bilaterally descended testes palpated within the scrotum.

SCARS AND OTHER IDENTIFYING MARKS: Scattered incidental scars are on the body.

TATTOOS: None.

POSTMORTEM CHANGES: The body is cold. Rigor is moderate in all extremities and in the jaw. Lividity is unfixated on the posterior surface of the body except in areas exposed to pressure.

### **EVIDENCE OF INJURY**

#### **PENETRATING INTRAORAL GUNSHOT WOUND:**

In the oral cavity located midline is an entrance gunshot wound located approximately 9 inches below the top of the head. No obvious clot surrounds the wound. There is injury to the oral mucosa, tongue (1-3/4 x 1-1/2 inch stellate injury with soot surrounding the wound), soft palate to include uvula, posterior pharynx, clivus of base of skull, brainstem/upper spinal cord (transected), and soft tissue of posterior aspect of neck. No exit wound is identified. A partially deformed copper-colored jacketed bullet is recovered from the soft tissue of the posterior aspect of the neck. The bullet pathway is directed front-to-back and upward with no significant right/left deviation. Associated with this gunshot wound is hemorrhage along the wound path, subarachnoid hemorrhage greater at the base and right side of the brain, subdural hemorrhage (approximately 20 ml), linear fractures of the anterior cranial fossae and right and left sides of the posterior cranial fossa, contusions of the inferior temporal lobes of the brain, hemoaspiration, fine oral stretch marks on right and left aspects of skin of lips, and multiple contusions and abrasions of the lower lip.

#### **MINOR INJURIES:**

A 1 x 1 inch red abrasion is on the right forehead, just above the lateral aspect of the right eyebrow. A 1/16 inch round abrasion is on the chin region. Multiple abrasions are on the posterior aspect of the right hand and digits of the right hand. A 1 x 1 inch faint red-pink contusion is on the anterolateral aspect of the distal right leg.

### **INTERNAL EXAMINATION**

ABDOMINAL WALL: The subcutaneous fat layer measures up to 3.0 cm thick.

BODY CAVITIES: There are extensive adhesions in the peritoneal cavity. The pleural and pericardial cavities are free of adhesions. All body cavities contain normal amounts

of serous fluid. All body organs are present in their normal anatomical position, with the exception of the spleen, which is surgically absent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM: The 420 gram heart has a normal shape and is contained in an intact pericardial sac. The epicardial surface is smooth with minimal fat investment. The coronary arteries arise normally with widely patent ostia and are present in a normal distribution, with a right-dominant pattern. Cross sections of the coronary arteries demonstrate up to 25% eccentric luminal narrowing of the mid left anterior descending coronary artery with partially calcified atherosclerotic plaques. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.5 cm, 1.4 cm, and 0.2 cm thick, respectively. The endocardium of the heart is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and contains minimal atherosclerosis. The renal and mesenteric vessels are unremarkable. The pulmonary arteries are normally developed, patent and without thrombus or embolus.

RESPIRATORY SYSTEM: The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The right lung weighs 810 grams. The left lung weighs 720 grams. The pulmonary parenchyma is congested and edematous, exuding moderate amounts of blood and frothy fluid and exhibits an aspiration pattern. A small amount of anthracotic pigment is seen. No focal lesions are noted.

HEPATOBIILIARY SYSTEM: The 1740 gram liver has an intact smooth capsule covering a congested, tan-brown parenchyma with no focal lesions noted. The gallbladder contains approximately 40 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent without evidence of calculi.

LYMPHORETICULAR SYSTEM: The spleen is not identified status post remote surgical resection. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

GASTROINTESTINAL SYSTEM: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 175 ml of dark red, opaque fluid with partially-digested food particles. No pills, pill fragments, or capsules are present. The small bowel and colon are unremarkable. The pancreas has a normal pink-tan lobulated appearance. The appendix is grossly unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 170 grams; the left 190 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the

underlying red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelvis and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains less than 5 ml of cloudy, yellow urine. The prostate gland and seminal vesicles are without note. The testes are palpably unremarkable.

ENDOCRINE SYSTEM: The pituitary gland is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are intact with bright yellow cortices and red-brown medullae; no masses or areas of hemorrhage are identified.

NECK: See "Evidence of Injury." The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. Incision and dissection of the posterior neck demonstrates deep paracervical muscle injury, hemorrhage, and a partially deformed copper-colored jacketed bullet that is recovered at autopsy.

MUSCULOSKELETAL SYSTEM: See "Evidence of Injury." No non-traumatic abnormalities of muscle or bone are identified.

HEAD AND CENTRAL NERVOUS SYSTEM: See "Evidence of Injury." The scalp is atraumatic. The galeal, subgaleal soft tissues of the scalp, and temporal muscles are free of injury. The dura mater and falx cerebri are intact. There is no epidural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres have an unremarkable pattern of gyri and sulci. The blood vessels at the base of the brain are without significant atherosclerosis. The brain weighs 1470 grams. Coronal sections through the cerebral hemispheres reveal no non-traumatic lesions. The ventricles of the brain are of normal size and contain clear cerebrospinal fluid. Transverse sections through the brainstem, cerebellum, and upper spinal cord reveal no non-traumatic lesions. The tongue is injured.



**SPECIMENS RETAINED**

TOXICOLOGY: The following specimens are submitted for toxicology: central and peripheral blood, vitreous humor, liver, and gastric contents.

HISTOLOGY: Portions of tissues and major organs are retained in formalin. No sections are submitted for microscopic examination.

PHOTOGRAPHS: Digital identification photographs and photographs of injuries and projectile are taken.

RADIOGRAPHS: X-rays of the head and neck are taken and reveal a metallic object in the posterior aspect of the neck, which is recovered at autopsy and determined to be a partially deformed projectile.

RS:lcb

D: 12/4/15 T: 12/15/15

Rev. 12/28/15 lcb



# 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 92123-1206  
TEL: (858) 694-2895 FAX: (858) 495-5956

## TOXICOLOGY REPORT

Name: **SHERLOCK, Michael De Carlo**  
Medical Examiner Number: **15-02760**  
Date of Death: **12/03/2015**  
Time of Death: **06:34**  
Pathologist: **Robert Stabley, M.D.**  
Specimens Received: **Central Blood, Gastric, Liver, Peripheral Blood 1, Peripheral Blood 2, Vitreous**  
Date Specimens Received: **12/07/2015**

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC/FID-Headspace)</u>	Peripheral Blood 2	
Alcohol (Ethanol)		Not Detected
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Central 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

Unless otherwise requested, all specimens will be destroyed six (6) months after the closure of the case by the Medical Examiner  
End Results

Approved and Signed: \_\_\_\_\_  
12/14/2015 Iain M. McIntyre, Ph.D.  
Forensic Toxicology Laboratory Manager  
(All Inquiries/Correspondence)

Reviewed: \_\_\_\_\_  
Amber Trochta  
Toxicologist II