

**EL PASO COUNTY CORONER  
2741 EAST LAS VEGAS STREET  
COLORADO SPRINGS, COLORADO 80906**

NAME: PAGE, David COUNTY: EL PASO  
Date of Birth:  Age: 20 AUTOPSY NO: 19-0907  
Sex: M Ht: 71" Wt: 156 lbs. AUTOPSY DATE: 10/1/2019  
BEGAN: 8:00 AM  
MD: Daniel Lingamfelter, D.O. DATE OF PRONOUNCEMENT: 9/30/2019  
TIME OF PRONOUNCEMENT: 2:45 AM  
Identified by: Fingerprints

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**FINAL DIAGNOSIS:**

- I. Gunshot wound of the head (#1):
  - A. Gunshot entrance wound on the right side of the nose.
  - B. Bullet perforates the skin and subcutaneous tissues, facial bones, basilar skull, inferior left cerebrum and brainstem, left occipital bone, and penetrates the left occipital subscalpular tissues.
  - C. Five yellow/gray metal bullet fragments from an apparent small-caliber bullet recovered from the left hemispheric cerebrum and left occipital skull/subscalpular tissues and collectively labeled "fragments from head".
  - D. No exit wound present.
  - E. Direction of the bullet is front to back and slightly right to left.
  - F. Distant range of gunfire (no muzzle injury, soot, or stippling).
  - G. Associated injuries: blood drainage from the external auditory canals/nose/mouth, left occipital subscalpular/subgaleal hemorrhage, generalized subarachnoid hemorrhages, patchy inferior subdural hemorrhages, pulverization of the inferior left cerebrum and brainstem, multiple skull fractures, and hemorrhagic pulverization along the wound path.
  
- II. Gunshot wound of the chest (#2):
  - A. Gunshot entrance wound on the upper left chest, overlying the left clavicle.
  - B. Bullet perforates the skin and subcutaneous tissues, left clavicle/left first rib, left upper lung, posterolateral left first intercostal musculature/left second rib, underlying musculature, and penetrates the left scapula.
  - C. Six yellow/gray metal bullet fragments from an apparent small-caliber bullet recovered from the left axillary/peri-scapular musculature and collectively labeled "fragments from left axilla".
  - D. No exit wound present.
  - E. Direction of the bullet is front to back, slightly right to left, and slightly downward.
  - F. Indeterminate range of gunfire (no muzzle injury, soot, or stippling; entrance wound covered by clothing).
  - G. Associated injuries: left hemothorax (450 mL), bilateral renal pallor, left scapular

fractures, and hemorrhage along the wound path.

III. Gunshot wound of the chest (#3):

- A. Gunshot entrance wound on the upper right chest.
- B. Bullet perforates the skin and subcutaneous tissues, anterior right second rib, right upper lung, right lower lung, trachea, esophagus, aorta/inferior vena cava, fourth and fifth thoracic vertebrae and spinal cord, and penetrates the musculature of the thoracic back.
- C. Five yellow/gray metal bullet fragments from an apparent small-caliber bullet recovered from the musculature of the thoracic back and collectively labeled "bullet upper left back".
- D. No exit wound present.
- E. Direction of the bullet is front to back and right to left.
- F. Indeterminate range of gunfire (no muzzle injury, soot, or stippling; entrance wound covered by clothing).
- G. Associated injuries: right hemothorax (1000 mL), bilateral renal pallor, and hemorrhage along the wound path.

IV. Other injuries:

- A. Contusions of mid chest, mid abdomen, hips, dorsal right hand, and lower extremities.
- B. Abrasions of right forearm, right wrist, right middle finger, and lower extremities.
- C. Superficial laceration containing small white metal fragment, right upper abdomen.

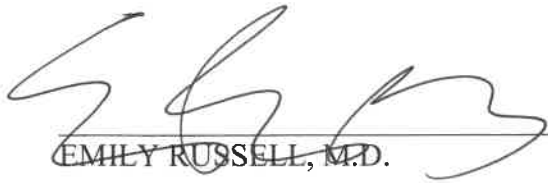
V. History that the subject was shot by law enforcement.

**OPINION:** It is my opinion that David Page, a 20-year-old white male, died as a result of multiple gunshot wounds. The bullets collectively perforated the skull and brain, the aorta, inferior vena cava, and both lungs, resulting in severe craniocerebral trauma, massive blood loss, and his subsequent death. Investigation and autopsy findings are consistent with these injuries being the result of the actions of another individual or individuals.


**MANNER OF DEATH:** Homicide

  
DANIEL LINGAMFELTER, D.O.

  
TRAVIS DANIELSEN, M.D.



EMILY RUSSELL, M.D.



LEON KELLY, M.D.  
October 30, 2019

**PERSONS PRESENT AT AUTOPSY**

Detective Mark Riley of the El Paso County Sheriff's Office and Detective Mike Lee, Evidence Technician Alyssa Berriesford, and Evidence Technician Christian Liewer of the Colorado Springs Police Department are present for the postmortem examination.

**GENERAL EXAMINATION**

The body is that of a normally-developed, well-nourished, adult white male who weighs 156 lbs, is 71 inches in length, and appears compatible with the reported age of 20 years. An El Paso County Coroner identification band is around the right ankle.

The body is received clad in a pair of gray sweatpants, a gray short-sleeved shirt, a pair of gray underwear, a white metal earring with a clear stone in the lower right lip, a yellow metal ring around the left ring finger, and a white metal bracelet around the right wrist. A black hair tie is recovered.

The body is received with the hands bagged.

Multiple radiographic scans are taken and examined. Fragmented bullets are identified within the cranial cavity, within the mid region of the thoracic back, and within the region of the upper left chest/left axilla.

A gunshot residue (GSR) kit, a set of 10 fingerprints, a set of palm prints, and a blood card are collected.

All evidence collected at the time of autopsy (GSR kit, fragment from abdomen, bullet upper left back, fragments from left axilla, fragments from head, blood card, left hand bag, right hand bag, set of 10 fingerprints, set of palm prints, clothing, jewelry, and black hair tie) is released to Christian Liewer of the Colorado Springs Police Department.

**EXTERNAL EXAMINATION**

There is good preservation in the absence of embalming. Rigor mortis is fully developed in all extremities and the jaw. Unfixed dark pink-purple lividity extends over the posterior body surfaces, except in areas exposed to pressure. The deceased has brown, straight scalp hair averaging 17 inches in maximum length. The irides appear brown; the corneae are clear; and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose, lips, and external auditory canals are unremarkable, except where noted. The mouth has natural teeth in fair condition, and the lateral upper left incisor is absent. The decedent has a short brown mustache and beard. The external genitalia and perineum are unremarkable.

A ¼ inch dark ink tattoo is on the lateral upper left arm. A ½ inch area of dark ink tattooing is on the proximal ventral left forearm.

A 3-3/4 inch oblique linear scar is on the lateral right thigh.

Besides the evidence of injury to be described, the remainder of the external examination of the body is unremarkable.

## **EVIDENCE OF INJURY**

### **I. GUNSHOT WOUND OF THE HEAD (#1)**

A 3/16 inch round gunshot entrance wound is on the right side of the nose, centered 5-3/4 inches below the top of the head and 3/4 inch right of the anterior midline. The wound bears a 1/16 to 1/8 inch circumferential marginal abrasion and three marginal lacerations ranging from 1/16 inch to 1/8 inch in length and located at the 1:00, 2:00, and 8:00 positions. No muzzle injury, soot, or stippling is present.

After perforating the skin and subcutaneous tissues, the bullet sequentially perforates the facial bones, basilar skull, inferior left cerebrum and brainstem, left occipital bone, and penetrates the left occipital subscalpular tissues.

Injuries associated with the gunshot wound include blood drainage from the external auditory canals/nose/mouth, left occipital subscalpular/subgaleal hemorrhage, generalized subarachnoid hemorrhages, patchy inferior subdural hemorrhages, pulverization of the inferior left cerebrum and brainstem, multiple skull fractures, and hemorrhagic pulverization along the wound path.

Five yellow/gray metal bullet fragments from an apparent small-caliber bullet are recovered from the left hemispheric cerebrum and left occipital skull/subscalpular tissues and collectively labeled "fragments from head".

No exit wound is present.

The direction of the bullet is front to back and slightly right to left.

### **II. GUNSHOT WOUND OF THE CHEST (#2)**

A 1/4 inch ovoid gunshot entrance wound is on the upper left chest, overlying the left clavicle, centered 12 inches below the top of the head, 2-5/8 inches left of the anterior midline, and 6-1/2 inches superomedial to the left nipple at the 11 o'clock position. The wound bears a less than 1/16 inch circumferential marginal abrasion as well as a 1/4 inch marginal abrasion at the 8 o'clock position. No muzzle injury, soot, or stippling is present.

After perforating the skin and subcutaneous tissues, the bullet sequentially perforates the left clavicle/left first rib (pulverized), left upper lung (2.0 cm defect), posterolateral left first intercostal musculature/left second rib (2.0 cm defect), underlying musculature, and penetrates the left scapula.

Injuries associated with the gunshot wound include left hemothorax (450 mL), bilateral renal pallor, left scapular fractures, and hemorrhage along the wound path.

Six yellow/gray metal bullet fragments from an apparent small-caliber bullet are recovered from the left axillary/peri-scapular musculature and collectively labeled "fragments from left axilla".

No exit wound is present.

The direction of the bullet is front to back, slightly right to left, and slightly downward.

Examination of the decedent's gray short-sleeved shirt shows a 3/8 inch defect in the region of the upper chest, immediately left of midline, in correlation with the entrance wound.

### III. GUNSHOT WOUND OF THE CHEST (#3)

A 3/16 inch round gunshot entrance wound is on the upper right chest, centered 13-1/2 inches below the top of the head, 3 inches right of the anterior midline, and 4-7/8 inches superomedial to the right nipple at the 1 o'clock position. The wound bears a less than 1/16 inch circumferential marginal abrasion. No muzzle injury, soot, or stippling is present.

After perforating the skin and subcutaneous tissues, the bullet sequentially perforates the anterior right second rib (2.5 cm defect), right upper lung (2.5 cm defect), right lower lung (1.5 cm defect), trachea (1.5 cm defect), esophagus (0.6 cm defect), aorta/inferior vena cava (pulverized), the fourth and fifth thoracic vertebrae (4.0 cm defect), spinal cord (pulverized), and penetrates the musculature of the thoracic back.

Injuries associated with the gunshot wound include right hemothorax (1000 mL), bilateral renal pallor, and hemorrhage along the wound path.

Five yellow/gray metal bullet fragments from an apparent small-caliber bullet are recovered from the musculature of the thoracic back and collectively labeled "bullet upper left back".

No exit wound is present.

The direction of the bullet is front to back and right to left.

Examination of the decedent's gray short-sleeved shirt shows a 1/8 inch defect in the region of the upper right chest, in correlation with the entrance wound.

### IV. OTHER INJURIES

A 3/4 inch pink-yellow contusion is on the mid chest. A 2-3/4 inch yellow-gray contusion is on the mid abdomen, immediately superior and to the right of the umbilicus. A 3 inch area of yellow-gray-pink contusions is on the anterior left hip. A 1-1/4 inch blue-gray contusion and a

3/8 inch dark pink-gray contusion are on the upper lateral right hip. A 1/2 inch dark pink-yellow contusion is on the anterior right hip. A 1/16 inch superficial laceration containing a 1/16 inch white metal fragment is on the right upper abdomen.

A 1-1/2 inch area of dark pink-red abrasions is on the ventral right wrist. A 3/8 inch area of dark pink-red abrasions is on the dorsal right forearm. A 5-1/4 inch area of dark pink-gray contusions covers the dorsal right hand. A 1/4 inch dark pink-red abrasion overlies the knuckle of the right middle finger.

A 3/4 inch dark pink-gray contusion is on the upper lateral right thigh. A 4-1/2 inch area of dark pink-yellow contusions is on the upper anterolateral right thigh. A 1 inch blue-gray contusion is on the lower lateral right thigh. A 12-1/2 inch area of dark pink-yellow contusions covers the anterior right knee and upper right shin. Scattered dark pink-red abrasions measuring up to 1/4 inch are on the right shin and dorsal feet. An 8 inch area of yellow-gray contusions covers the right calf. A 1/2 inch dark pink-gray contusion is on the anteromedial left thigh. A 3/8 inch oblique linear dark red abrasion overlies the left tibial plateau. An 8 inch area of yellow-gray contusions covers the upper left shin. A 3/4 inch oblique linear dark pink-red abrasion is on the medial left shin. A 1-1/4 inch horizontal linear dark red abrasion is on the dorsomedial left foot.

### **INTERNAL EXAMINATION**

**HEAD:** The scalp is incised and retracted. The scalp, subscalpular area, and skull are unremarkable in uninjured areas. The cranial vault is opened revealing thin, tough, pliable dura and no hemorrhage in the epidural space. The cerebrospinal fluid is blood-tinged but otherwise unremarkable. The brain weighs 1440 gm and the cerebral hemispheres, midbrain, and pons are symmetrical and grossly unremarkable in areas without injury. On cross-section of the brain parenchyma, there is no evidence of infection or tumor. The dura is stripped from the basilar skull. The cervical spinal column is stable upon internal palpation.

**BODY:** The body is opened with a Y-shaped incision. The organs occupy their usual positions and relationships. The right and left pleural cavities contain 1000 mL and 450 mL of frank blood and blood clots, respectively. The pericardial and peritoneal cavities contain no abnormal collections of fluid. The body cavities are free of adhesions.

**NECK:** The hyoid bone and larynx are intact. The airway is patent and there is no evidence of infection or tumor. The thyroid gland and tongue are unremarkable.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The heart weighs 310 gm. The epicardial and endocardial surfaces are smooth and glistening. The myocardium is uniformly firm and has a homogeneous, beefy-red appearance. The cardiac valves are thin, delicate, and unremarkable. The coronary arteries are free of significant atherosclerosis.

**LUNGS:** The right lung weighs 250 gm and the left lung weighs 330 gm. The major bronchi are unremarkable. The pleural surfaces are smooth and glistening and have a purple-red appearance

in uninjured areas. On cross-section, the parenchyma appears light pink in areas without injury. There are no pulmonary emboli.

**GASTROINTESTINAL SYSTEM:** The esophagus, stomach, small and large bowel, and appendix are unremarkable in uninjured areas. The stomach contains approximately 50 mL of tan, mucoid fluid.

**LIVER:** The liver weighs 1280 gm. The capsule is smooth and glistening. The parenchyma is dark red-brown. The gallbladder contains 20 mL of yellow, viscid bile without calculi.

**PANCREAS:** Unremarkable.

**ADRENAL GLANDS:** Unremarkable.

**SPLEEN:** The spleen weighs 160 gm and the capsule is smooth and blue-gray. On cross-section, the parenchyma is unremarkable.

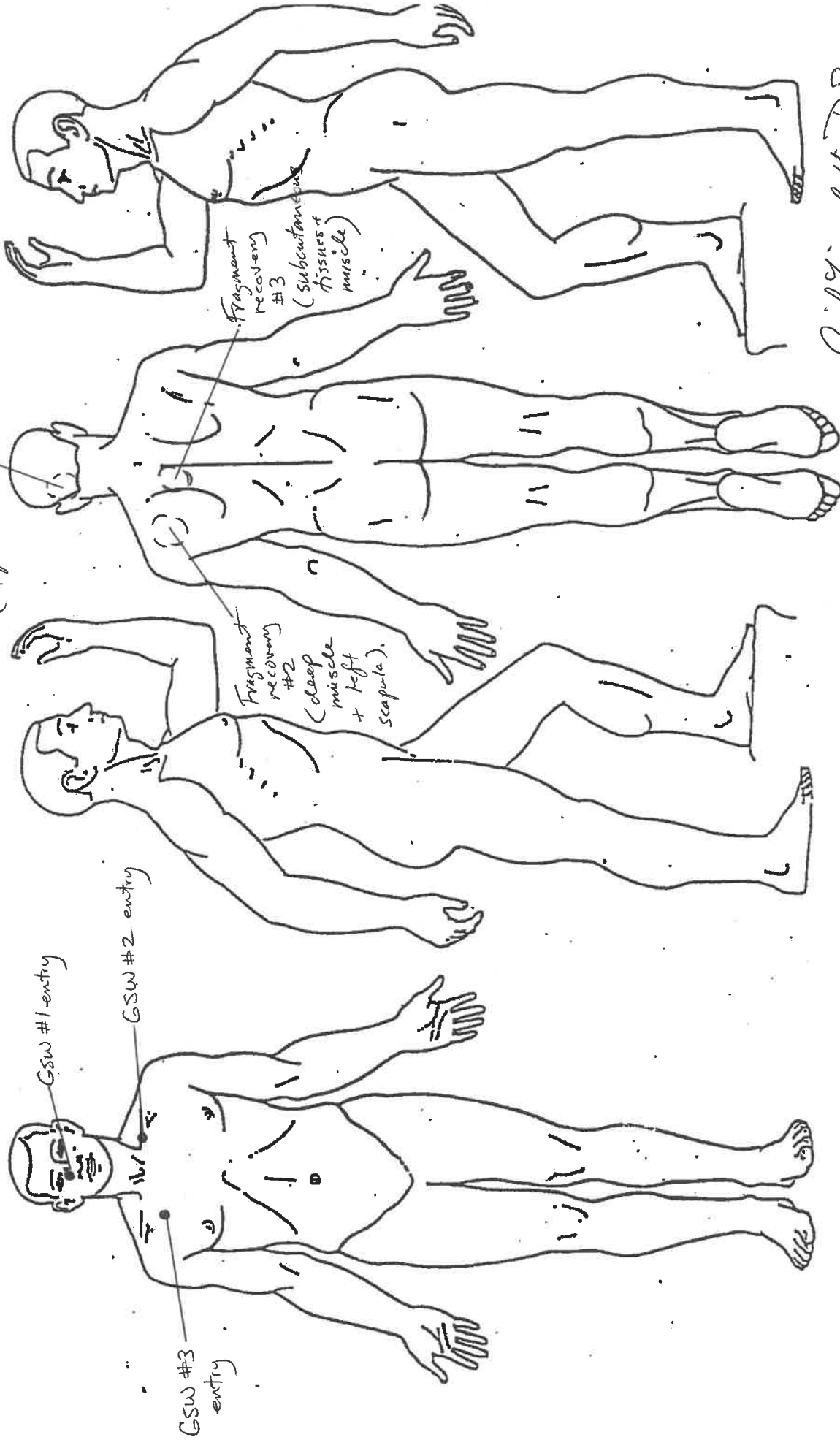
**GENITOURINARY SYSTEM:** Each kidney weighs 100 gm. The capsules strip with ease revealing smooth, variably pale cortical surfaces. On cross-section, the cortices exhibit well-demarcated corticomedullary junctions. The collecting systems, ureters, and bladder are unremarkable. The urinary bladder contains 225 mL of clear-yellow urine. The prostate is unremarkable.



Name: David Jaxon Page Case#: 19-00907

Color: White Age: 20 Years Gender: Male Date: 10/01/2019

Fragment recovery #1  
(left cerebrum + left occipital skull / subscapular tissues)



David Langstaff, D.O.

GSW = gunshot wound  
OOR EXTERNAL - 0910 BODY FOUR  
VIEW

**Toxicology Report**  
**El Paso County Coroner's Office**  
**2741 E. Las Vegas Street, Colorado Springs, CO 80906**  
**719-390-2450 MAIN/719-390-2462 FAX**

**Name:** PAGE, David Jaxon  
**Doctor:** Daniel Lingamfelter D.O.

**Case #:** 19-00907  
**Date Received:** 10/01/2019

**County:** El Paso

**Agency#:**

**Alcohols and volatiles:**

Analyte	Specimen	Result
ETHANOL	Cavity Blood	Negative

**Immunoassay screens (ELISA):**

Analyte	Specimen	Result
AMPHETAMINE	Urine	Negative
BARBITURATES	Urine	Negative
BENZODIAZEPINE METABOLITES	Urine	Negative
COCAINE/ BENZOYLECGONINE	Urine	Negative
FENTANYL	Urine	Negative
METHADONE	Urine	Negative
METHAMPHETAMINE	Urine	Negative
OPIATES	Urine	Negative
OXYCODONE	Urine	Negative
THCCOOH	Urine	Positive
TRAMADOL	Urine	Negative
TRICYCLIC ANTIDEPRESSANTS	Urine	Negative
ZOLPIDEM	Urine	Negative

**GC-MS results (Qualitative)**

Analyte	Specimen	Result
THCCOOH	Urine	Present
No drugs identified	Urine	No other drugs identified

**Toxicology Report**  
El Paso County Coroner's Office  
2741 E. Las Vegas Street, Colorado Springs, CO 80906  
719-390-2450 MAIN/719-390-2462 FAX

Name: PAGE, David Jaxon  
Doctor: Daniel Lingamfelter D.O.  
County: El Paso

Case #: 19-00907  
Date Received: 10/01/2019  
Agency#:

**Quantitative Results**

Analyte	Specimen	Result		
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**Miscellaneous results**

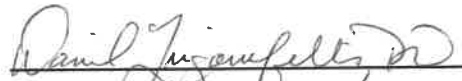
Analyte	Specimen	Result		
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**Comments:**

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Reviewed by: Werner Jenkins MS    Date released: 10/29/19    Reviewed By: Daniel Lingamfelter D.O.

  
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Reviewer Signature

  
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Reviewer Signature