I. Indeterminate-range gunshot wound of the torso:
   A. Wound of entrance: left upper abdomen:
      1. No evidence of soot or gunpowder stippling on adjacent skin.
      2. Clothing not available for examination.
   B. Wound path: through the medial left 8th and 9th ribs, the transverse colon, the left and right lobes of the liver, the right kidney, the right hemidiaphragm, and the lateral right torso between the 9th and 10th ribs.
   C. Wound of exit: lateral right torso.
   D. Direction: left to right, slightly front to back, and slightly downward.
   E. Associated injuries: fractures of left ribs 8-9; left hemothorax 100 mL; right hemothorax 400 mL; hemoperitoneum 500 mL; possible re-entry into right forearm.

II. Indeterminate-range gunshot wound of the left arm:
   A. Wound of entrance: posterolateral left elbow:
      1. No evidence of soot or gunpowder stippling on adjacent skin.
      2. Clothing not available for examination.
   B. Wound path: through the proximal left ulna and soft tissue of the left forearm.
   C. Wound of exit: posterior left elbow.
D. Direction: left to right and slightly front to back (in the standard anatomic position).

E. Associated injuries: fracture of left ulna; possible re-entry into right forearm.

III. Indeterminate-range gunshot wound of right arm (likely re-entrance wound versus intermediate target):

A. Entrance wound: right forearm:
   1. Irregular abraded wound without soot or stippling on adjacent skin.
   2. Multiple additional superficial lacerations inferior to entrance wound.

B. Wound path: through the soft tissue of the proximal right forearm and right elbow.

C. Wound of exit: posterolateral right elbow.

D. Direction: left to right, front to back, and upward (in the standard anatomic position).

**OPINION**

It is my opinion that the cause of death of John H. Crawford III is: Gunshot wound of the torso.

It is my opinion that the manner of death is: Homicide.

Robert S. Shott, M.D., Forensic Pathologist
Deputy Coroner, Montgomery County, Ohio

8/22/2014
A postmortem examination of the body of a 22-year-old black male, identified as John H. Crawford III, is performed at the Montgomery County Coroner’s Office on August 6, 2014. The examination is conducted by Robert S. Shott, M.D., and is begun at 8:27 a.m.

ATTENDANCE

In the performance of their usual and customary duties, Autopsy Assistants Denny Blevins, Brandy Burchett and Photographer Mallory Landis are present during the autopsy. Also present for the autopsy are Investigator Bill Harden of the Greene County Coroner’s Office and Detective Dan Krall of the Beavercreek Police Department.

CLOTHING:

The body is received unclad.

PROPERTY:

There is no accompanying property.

IDENTIFICATION TAGS:

A Montgomery County Coroner’s Office morgue record band is around the left ankle. Hospital identification bands are around the right wrist and the right great toe.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, adult black male, 172 pounds and 69 inches, whose appearance is appropriate for the reported age. The body is cold. Rigor mortis is generalized. Livor mortis is purple, posterior and does not blanch with pressure.

The scalp hair is black, 5 inches in maximum length. The irides are brown. The sclerae and conjunctivae are clear. The nose and ears are not unusual. The decedent wears a 1/2 inch black goatee and a short mustache. The teeth are natural and in good repair. The tongue appears normal.

The neck is unremarkable. The torso is well-developed and symmetric. The abdomen is flat. The anus and back are unremarkable. The external genitalia are those of a normal adult male.
The upper and lower extremities are well-developed and symmetric, with injuries of both arms near the elbow.

IDENTIFYING MARKS:

Identifying marks and scars include a tattoo of the word "BLACK" on the right forearm along with flames and additional flames tattooed on the left forearm with indistinct lettering.

MARKS OF MEDICAL INTERVENTION:

Evidence of medical intervention includes an endotracheal tube, a nasopharyngeal airway, a cervical collar, four defibrillator pads over the chest and abdomen, twelve electrocardiogram (EKG) leads over the chest, abdomen, arms and lower legs, intraosseous vascular access lines in both shoulders, an intravenous vascular access line in the right inguinal region, tourniquets around both upper arms, and a 9 1/2 inch sutured thoracotomy incision between the left fourth and fifth ribs. A chest tube arising from the right pleural cavity passes through the right chest wall between the fifth and sixth ribs and is connected to a collection container with 20 mL of blood. A small puncture is in the right upper chest.

EVIDENCE OF INJURY:

Torso:

A 2 x 1 inch series of abrasions is over the right upper abdomen/lower chest.

I. Indeterminate-range gunshot wound of the torso:

   A. Entrance: On the left upper abdomen, 21 inches from the plane of the top of the head and 4 inches to the left of anterior midline, is an entrance gunshot wound consisting of a 1/4 inch round defect with a 1/8 inch marginal abrasion extending from the 12 o'clock to the 6 o'clock positions. Soot, unburned gunpowder particles and gunpowder stippling are not visible on the skin surrounding the wound.

   B. Path: The hemorrhagic wound track sequentially perforates the left chest/abdominal wall through the medial left eighth and ninth ribs, the transverse colon, the left and right lobes of the liver, the right
kidney, the right hemidiaphragm, and the lateral right chest wall between the ninth and tenth ribs.

C. Exit: On the lateral right torso, 22 inches from the plane of the top of the head and 8 inches to the right of anterior midline, is an exit gunshot wound consisting of a 3/8 inch laceration without marginal abrasion.

D. Direction: The wound track travels from the decedent's left to right, slightly front to back, and slightly downward.

E. Clothing: Any clothing worn by the decedent is not available for examination.

F. Associated injuries: Associated injuries include fractures of the left eighth and ninth ribs; a left hemothorax of 100 mL; a right hemothorax of 400 mL; a hemoperitoneum of 500 mL; and possible re-entry into the right forearm.

Upper extremities:

II. Indeterminate-range gunshot wound of the left forearm:

A. Entrance: On the posterolateral aspect of the left elbow, 15 1/2 inches from the top of the left shoulder, is an entrance gunshot wound consisting of a 1/4 inch round defect with a 1/8 inch crescent-shaped marginal abrasion from the 7 o'clock to the 11 o'clock positions. Soot, unburned gunpowder particles and gunpowder stippling are not visible on the skin surrounding the wound.

B. Path: The hemorrhagic wound track sequentially perforates the soft tissue and musculature of the lateral left elbow and the left ulna.

C. Exit: On the posterior aspect of the left elbow, centered 15 1/2 inches from the top of the left shoulder, is an exit gunshot wound consisting of a 1 1/2 x 1 inch laceration without marginal abrasion.
D. Direction: In the standard anatomic position, the wound track travels from the decedent's left to right and slightly front to back.

E. Associated injuries: Associated injuries include a comminuted fracture of the proximal left ulna and possible re-entry into the right forearm.

III. Indeterminate-range re-entrance gunshot wound of the right arm:

A. Entrance: On the flexor surface of the right forearm, 16 1/2 inches from the top of the right shoulder, is an entrance gunshot wound consisting of an irregular 1 inch laceration with variable marginal abrasion up to 1/8 in width. Soot and gunpowder stippling are not evident on the skin surrounding the wound; however, numerous superficial lacerations/abrasions up to 1/4 inch diameter are on the flexor surface of the right forearm distal to the entrance wound. These lesions may be from fragmentation of a projectile or bone fragments from the left ulna.

B. Path: The hemorrhagic wound track perforates the soft tissue and musculature of the proximal right forearm and posterolateral right elbow.

C. Exit: On the posterolateral right elbow, 12 inches from the top of the right shoulder, is an exit gunshot wound consisting of a 1/2 x 1/4 inch laceration without marginal abrasion.

D. Direction: In the standard anatomic position, the wound track travels from the decedent's left to right, front to back, and upward.

INTERNAL EXAMINATION:

The internal organs are of a normal anatomic distribution. No adhesions are in the body cavities.

CARDIOVASCULAR SYSTEM:

The heart is 330 grams. The pericardial surfaces are smooth, glistening, and unremarkable. The pericardial sac is free of significant fluid or adhesions. Coronary
arteries arise normally, following a right-dominant pattern with no significant atherosclerotic stenoses. The chambers and valves have the usual size-position relationship. The right ventricular wall thickness is 0.2 cm; the left ventricular wall thickness is 1.4 cm. The myocardium is uniformly red-brown and free of abnormal markings. The atrial and ventricular septa are intact. The aorta and its major branches arise normally and follow the usual course with no significant atherosclerosis. The vena cava and its major tributaries are thin-walled and patent, in the usual distribution.

RESPIRATORY SYSTEM:

The right lung is 280 grams, the left lung 250 grams. The tracheobronchial tree is patent, and the mucosal surfaces are intact. Pleural surfaces are translucent, smooth, and glistening. The pulmonary parenchyma is pink-tan to dark red-purple and exudes a slight amount of blood and frothy fluid. Pulmonary arteries and veins are normally developed and patent.

DIGESTIVE/HEPATOBIARY SYSTEM:

The esophagus is lined by intact, tan-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 2 mL of brown fluid. The small intestine is unremarkable. The transverse colon is severely lacerated with adjacent hemorrhage. The mesentery and omentum appear normal. The appendix is unremarkable. The colon contains formed and unformed stool. The pancreas has the usual tan lobulated appearance, and the ducts are clear.

The liver is 1090 grams and has multiple capsular and parenchymal lacerations secondary to the gunshot wound described above. Otherwise, the parenchyma is red-brown and unremarkable. The thin-walled gallbladder contains 20 mL of bile.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands are unremarkable.

GENITOURINARY SYSTEM:

The normal-shaped kidneys together are 265 grams. Apart from the gunshot wound involving the right kidney, the capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves, and ureters
show no pre-existing lesions. The urinary bladder contains 200 mL of bloody urine; the mucosa is gray-tan and intact.

The testes and prostate are unremarkable.

HEMATOPOIETIC SYSTEM:

The thymus is appropriate in size and configuration for the age of the decedent. The spleen is 65 grams and has a smooth intact capsule covering red-purple parenchyma. The regional lymph nodes have their usual distribution and appearance. The bone marrow is red-brown and homogeneous, without focal abnormality.

MUSCULOSKELETAL SYSTEM:

Apart from injuries previously described, the bony framework, supporting musculature, and soft tissues are not unusual.

NECK:

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. The tongue is normal.

NERVOUS SYSTEM:

The brain is 1410 grams. The dura mater and falx cerebri are intact, and the leptomeninges are thin and delicate. The cerebral hemispheres are symmetric, with a normal pattern and distribution of sulci and gyri. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections of the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are of normal caliber, containing clear cerebrospinal fluid. Sections through the brain stem and cerebellum are unremarkable.

SPECIAL STUDIES:

Radiographs of the torso and arms reveal several minute fragments of retained metallic projectile in the right forearm.

Toxicologic analysis reveals THC (tetrahydrocannabinol) and its metabolite in blood recovered from the thoracic cavity. The timing and mode of use (ingestion/inhalation, etc.) and the effects on the decedent are not known. (See separate toxicology report).
MICROSCOPIC EXAMINATION

LUNGS: Focal atelectasis; scattered fat emboli in small pulmonary vessels.

PANCREAS: Early autolysis.

KIDNEY: Rare fibrotic glomeruli.

ADRENAL GLAND: Focal hemorrhage in adjacent adipose tissue.

HEART, CORONARY ARTERY, APPENDIX, LIVER, TESTIS, SPLEEN, THYMUS, BRAIN, THYROID GLAND, AND PITUITARY GLAND: No significant histopathologic abnormality in sections examined.

RSS: sm
8/22/14
Toxicology Laboratory Report

Decedent: John Crawford III B/M/22 Years
Case Number: 14-3123

Requesting Agency: Montgomery County Coroner's Office

Toxicology Service Requested

**B Service:** Consists of screening tests for Basic Volatiles (ethanol, methanol, acetone, and isopropanol) and a Drug Screen by Elisa immunoassay (amphetamine class, benzodiazepines, cocaine metabolite, marijuana metabolite, fentanyl, opiates, and oxycodone). Confirmation and quantitation are performed on positive screens. A general screen for drugs and other substances by extraction and subsequent analysis by GC/MS is also performed with confirmation and quantitation as appropriate. Specific tests are also performed as appropriate.

**Initial Screening Tests and Results**

**Basic Volatiles Screen**

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<thead>
<tr>
<th>Analyte</th>
<th>Specimen</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>Basic Volatiles (Ethanol, Methanol, Isopropanol, Acetone)</td>
<td>Blood, Cavity</td>
<td>Not Detected</td>
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</table>

**ELISA Immunoassay Screen**

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<th>Analyte</th>
<th>Specimen</th>
<th>Results</th>
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<tr>
<td>11-carboxy-Tetrahydrocannabinol Other drugs</td>
<td>Blood, Cavity</td>
<td>Positive</td>
</tr>
<tr>
<td>by immunoassay</td>
<td>Blood, Cavity</td>
<td>Not Detected</td>
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**GC/MS Basic Drug-Screen**

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<td>Basic Drugs</td>
<td>Blood, Cavity</td>
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**Confirmation and Quantitation Tests and Results**

**THC, Blood**

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<th>Specimen</th>
<th>Results</th>
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<tr>
<td>11-carboxy-Tetrahydrocannabinol (THC)</td>
<td>Blood, Cavity</td>
<td>&gt; 100 ng/mL</td>
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<tr>
<td>Tetrahydrocannabinol (THC)</td>
<td>Blood, Cavity</td>
<td>7.5 ± 1.5 ng/mL</td>
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**THC-COOH**

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<tbody>
<tr>
<td>11-carboxy-Tetrahydrocannabinol</td>
<td>Urine, Bladder</td>
<td>Positive</td>
</tr>
</tbody>
</table>

_Nationally Accredited by The American Board of Forensic Toxicology_
Toxicology Report - Case Number 14-3123 Continued...

This toxicology report contains the interpretations and opinions of the signatory and of the analysts based on the final results from all testing.

Results reviewed by:

Matthew Juhaseik, Ph.D., D-ABFT
Chief Forensic Toxicologist

Date Completed
8/21/14