



**Cuyahoga County
Medical Examiner's Office**
11001 Cedar Avenue, Cleveland, Ohio 44106
MEDICAL EXAMINER'S VERDICT

Thomas P. Gilson, M.D.
Medical Examiner

**THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY**

CASE NUMBER: IN2021-02399

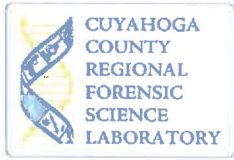
Be it Remembered, That on the 12th day of December, 2021 information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of a man supposed to have come to his death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found in Emergency Room, MetroHealth Medical Center in Cleveland of Cuyahoga County, on the 12th day of December, 2021.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: (CPD # 2021-376399) (CCSD #21-20175418) (MHMC #6114519). I also carefully examined or caused to be examined the said dead body at 8:30AM on the 13th day of December, 2021 and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner Patrick Derrill Horton, whose body was at the Medical Examiner's Office on the 13th day of December, 2021 came to his death. The said Patrick Derrill Horton was never married, 39 years of age, a resident of Cleveland, Cuyahoga County, Ohio, and a native of Meridian, Mississippi; was of the Black race, and had brown eyes, black hair, black beard, black mustache, was 71 inches in height, and weighed 202 pounds.

Upon full inquiry based on all the known facts, I find that the said Patrick Derrill Horton came to his death officially on the 12th day of December, 2021 in Emergency Room, MetroHealth Medical Center and was officially pronounced dead at 4:15 P.M., by Dr. Brown. There is history that on December 12th, 2021 at about 3:23 P.M., Cleveland Police responded to multiple calls of a male shooting a gun in the vicinity of the East 12th Street and Superior Avenue intersection. On arrival, the male, identified as the said Patrick Derrill Horton, 3231 West 100th Street, was observed by officers to be holding a weapon. This man failed to comply to officers instructions and was shot during legal intervention. The Cleveland Paramedics were called and on arrival, treatment was administered. The said Patrick Derrill Horton was then transported to MetroHealth Medical Center where he was admitted to the Emergency Room at 3:45 P.M., with the aforementioned injuries. Treatment and drug therapy were administered, however, this man failed to respond and was pronounced dead at the aforementioned time and date, and the Cuyahoga County Sheriff's Department was contacted. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. The said Patrick Derrill Horton was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of multiple gunshot wounds of head, trunk and extremities, and was homicidal in nature.

Cause of Death: Multiple gunshot wounds of head, trunk and extremities.
HOMICIDE.



Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, OH 44106



TOXICOLOGY LABORATORY FINAL REPORT

Report Date: 02/08/2022
 CCRFSL Case: 2021-011796
 Agency Case: IN2021-02399
 Agency Representative: Thomas Gilson

Individual: Horton, Patrick
 Submitting Agency: Cuyahoga County Medical Examiners Office
 Address: 11001 Cedar Avenue, Cleveland, OH 44106

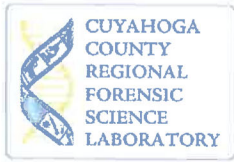
Specimen(s) Received

Lab Item #	Description	Receipt/Accessioning Date
006	Femoral Blood 1	12/14/2021
007	Heart Blood 1	12/14/2021
008	Urine 1	12/14/2021
009	Vitreous Humor 1	12/14/2021
010	Vitreous Humor 2	12/14/2021
011	Gastric Contents	12/14/2021
012	Long Term Storage 1	12/14/2021
013	Long Term Storage 2	12/14/2021
014	Long Term Storage 3	12/14/2021
015	Liver 1	12/14/2021
016	Brain 1	12/14/2021

Item: 006: Femoral Blood 1		
Drug Group/Class	Result	Quantitation
Basic Drugs by GC/MS		
Nicotine	Positive	
Cotinine	Positive	
Cannabinoids Confirmation by LC-MS/MS		
Delta-9-THC	Positive	3.1 ± 0.5 ng/mL
11-OH-Delta-9-THC	Positive	<2.0 ng/mL
Delta-9-THCCOOH	Positive	4.9 ± 1.2 ng/mL
ELISA		
SEE CONFIRMATION		
Volatiles Screening and Confirmation by GC/FID		
None Detected		

Item: 008: Urine 1		
Drug Group/Class	Result	Quantitation
Basic Drugs by GC/MS		
Nicotine	Positive	
Cotinine	Positive	

Item: 009: Vitreous Humor 1		
Drug Group/Class	Result	Quantitation



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<p>Volatiles Screening and Confirmation by GC/FID</p> <p>None Detected</p>		
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COMMENTS:

All laboratory activities related to this case were completed between the date the evidence was received, as noted in this report, and the report's issue date. Specific activity dates are maintained in the case file for this case.

The result(s) in this report relate only to the items tested. Other specimens received will be held with the case (not tested).

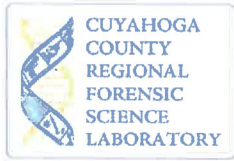
'None Detected/Not Performed' in ELISA testing indicates that there were no positive signals in the ELISA (confirmation testing not performed).

Where quantitative results have been provided, method uncertainty is determined at a CL of 95.45%. 'Mass Spectrum Match Only' denotes the finding has not been confirmed against the retention time of a reference standard.

Specimens submitted for this case will be held for one year prior to disposal. Please notify Toxicology if the specimens are to be held for a longer period of time (216 698 5638).

This report shall not be reproduced, except in full, and with written approval of the Cuyahoga County Regional Forensic Science Laboratory.

Chief Toxicologist 
Luigino Apollonio Ph.D.



Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, OH 44106



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Submitting Agency: Cuyahoga County Medical Examiners Office

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Address: 11001 Cedar Avenue, Cleveland, OH 44106

Analysis Summary

VOLATILES SCREENING AND CONFIRMATION by GC/FID: Ethanol, Methanol, Acetone, Isopropanol. **VOLATILES by GC/MS:** includes (but not limited to) Acetaldehyde, Acetone, Chloroform, Dichloromethane, Ethanol, Ethyl Acetate, Isopropanol, Methanol, Toluene

ACIDIC/NEUTRAL DRUGS by GC/MS and GC/FID: Butalbital, Caffeine, Carbamazepine, Carisoprodol, Ibuprofen, Levetiracetam, Meprobamate, Metaxalone, Pentobarbital, Phenobarbital, Phenytoin

CARBON MONOXIDE by CO-Oximetry: Carbon Monoxide (Carboxyhemoglobin)

GLYCOLS CONFIRMATION by GC/MS: Ethylene Glycol, Propylene Glycol

GABAPENTIN/PREGABALIN CONFIRMATION by LC-MS/MS: Gabapentin, Pregabalin

ELISA (Enzyme-Linked Immunosorbent Assay) SCREEN: **Amphetamine** (Target = d-Amphetamine); **Barbiturates** (Target = Pentobarbital); **Benzodiazepines** (Target = Alprazolam); **Cannabinoids** (Target = 11-nor- Δ -9-THC-COOH (marijuana metabolite)); **Carisoprodol** (Target = Carisoprodol); **Cocaine Metabolite** (Target = Benzoyllecgonine); **Fentanyl** (Target = Fentanyl); **Methamphetamine** (Target = d-Methamphetamine); **Oxycodone** (Target = Oxycodone); **Phencyclidine** (Target = Phencyclidine); **Tricyclic Antidepressants** (Target = Nortriptyline); **Methadone** (Target = Methadone); **Opiates** (Target = Morphine); **Zolpidem** (Target = Zolpidem); **Buprenorphine** (Target = Buprenorphine)

BASIC DRUGS by GC/MS (screening and confirmation): includes common antidepressants, opioids/narcotic analgesics, CNS stimulants, antipsychotics, antiarrhythmics, dissociative anesthetics, antihistamines, hypnotics/sedatives/anxiolytics, muscle relaxants, cathinones, and other agents

ACETAMINOPHEN and SALICYLATES SCREEN by Colorimetry (Qualitative): Acetaminophen, Salicylates

PHENCYCLIDINE (PCP) CONFIRMATION by GC/MS: Phencyclidine

CLINICAL CHEMISTRIES: Sodium, Potassium, Chloride, Glucose, Urea (as VUN), Creatinine, Magnesium, Calcium, Lactate

COCAINE AND METABOLITES CONFIRMATION by GC/MS: Benzoyllecgonine, Cocaine, Cocaethylene

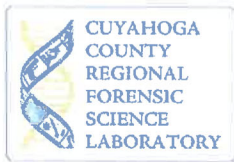
CANNABINOIDS CONFIRMATION by LC-MS/MS: Δ 9-THC, 11-OH- Δ 9-THC (marijuana metabolite), 11-nor- Δ 9-THC-COOH (marijuana metabolite).
CANNABINOIDS CONFIRMATION by GC/MS: TOTAL 11-nor- Δ 9-THC-COOH (marijuana metabolite)

OPIOIDS CONFIRMATION by GC/MS: Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Oxycodone, Oxycodone

BENZODIAZEPINES CONFIRMATION by LC-MS/MS: (\pm)-Zopiclone, 2-Hydroxyethylflurazepam, 3-Hydroxyflunitrazepam, 4-Hydroxyalprazolam, 7-Aminoclonazepam, 7-Aminoflunitrazepam, Alprazolam, Bromazepam, Clobazam, Clonazepam, Clonazepam, Delorazepam, Deschloroetizolam, Diazepam, Diclazepam, Estazolam, Etizolam, Flualprazolam, Flubromazepam, Flubromazepam, Flunitrazepam, Flunitrazepam, Flunitrazepam, Lorazepam, Lormetazepam, Meclonazepam, Methylclonazepam, Midazolam, N-Desalkylflurazepam, N-Desmethylclobazam, N-Desmethylflunitrazepam, Nitrazepam, Nitrazepam, Nordiazepam, Oxazepam, Phenazepam, Temazepam, Triazolam, Zaleplon, Zolpidem, α -Hydroxyalprazolam, α -Hydroxymidazolam and α -Hydroxytriazolam

AMINES CONFIRMATION by LC-MS/MS analysis: (\pm)-Amphetamine, beta-Phenethylamine, 3,4-Methylenedioxy-N-ethylamphetamine (MDEA), (\pm)-Methamphetamine, Methylenedioxyamphetamine (MDA), Methylenedioxymethamphetamine (MDMA), Phentermine, Ephedrine/Pseudoephedrine

FENTANYL and ANALOGUES CONFIRMATION by LC-MS/MS: N-Methyl norfentanyl, Norfentanyl, Norcarfentanil, AP-238, 2MAP-237, Methoxyacetyl fentanyl, Acetyl fentanyl, Beta-hydroxy fentanyl, Benzyl fentanyl, THF fentanyl, 4-ANPP, p-Methoxyacetyl fentanyl, Acryl fentanyl, Alfentanil, Fentanyl, para-Fluoro acryl fentanyl, para-Fluoro fentanyl, Cyclopropyl fentanyl, 2-Furanyl fentanyl, Fentanyl carbamate, (\pm)-trans-3-Methylfentanyl, Crotonyl fentanyl, Carfentanil, (\pm)-cis-3-Methylfentanyl, Butyryl fentanyl, para-Fluoroisobutyryl fentanyl (FIBF), Sufentanil, Phenyl fentanyl, Cyclopentenyl fentanyl, para-Fluorofuranyl fentanyl, Valeryl fentanyl, Isobutyryl fentanyl, Thiophene fentanyl, Isovaleryl fentanyl; plus Metonitazene, Bromphine, Isotonitazene, Protonitazene



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SENT TO REFERENCE LABS: Synthetic Cannabinoids, Cathinones, Cyanide, GHB, LSD, Psilocin, Valproic Acid, heavy metals (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium), or any other compounds not listed above

ABBREVIATIONS: UNS = Specimen unsuitable for testing; QNS = Quantity insufficient for analysis; < = less than; > = greater than; LRL= Lower reporting limit; C.L. = Confidence Level
UNITS FOR VOLATILES: 100 mg/dL = 0.100 g/dL = 0.100 g/%. **UNITS:** 1 mg/L = 1000 µg/L = 1000 ng/mL



Cuyahoga County
Medical Examiner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
REPORT OF AUTOPSY

Thomas P. Gilson, M.D.
Medical Examiner

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: IN2021-02399

REPORT OF AUTOPSY OF: Patrick Derrill Horton
ADDRESS: 3231 West 100th Street, Cleveland, Ohio

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **13th** day of **December, 2021** at **9:35 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Patrick Derrill Horton**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **male, never married**, aged **39 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **71 inches** in height, weighing **202 pounds**; a native of **Meridian, Mississippi**.

FINAL DIAGNOSES:

- I. Penetrating gunshot wound of left cheek with
 - A. Perforation of facial bone with displacement of tooth
 - B. Cervical spine fracture with spinal cord contusion
 - C. Bullet recovered

- II. Perforating gunshot wound of mid-chest with
 - A. Perforation of liver and small intestine
 - B. Contributory to hemoperitoneum
 - C. No bullet recovered

- III. Perforating gunshot wound of left arm with soft tissue hemorrhage (no bullet recovered)

- IV. Penetrating gunshot wounds of left upper arm (2) into torso with
 - A. Soft tissue hemorrhage with rib fractures
 - B. Perforation of lung
 - C. Subcutaneous emphysema
 - D. Left hemothorax
 - E. Bullets (2) recovered

- V. Penetrating gunshot wound of left posterior thigh with
 - A. Perforation of femoral vein and inferior vena cava
 - B. Perforation of rectum and ureter
 - C. Contributory to hemoperitoneum
 - D. Bullet recovered

- VI. Perforating gunshot wound of distal left lower extremity with fibula fracture

- VII. Perforating gunshot wound of right ankle with fractures of tibia and fibula

- VIII. Remote subdural hemorrhage

- IX. Forehead abrasion

- X. Status post attempted resuscitation

Case: IN2021-02399
Name: Patrick Derrill Horton

County: Cuyahoga

AUTOPSY REPORT

NAME: Patrick Derrill Horton

CASE#: IN2021-02399

I hereby certify that I, Thomas Gilson, M.D., Medical Examiner, have performed an autopsy on the body of Patrick Derrill Horton on the 13th day of December, 2021 commencing at 9:35 a.m. in the mortuary of the Cuyahoga County Medical Examiner's Office.

The body is identified by Medical Examiners and hospital identification tags attached to the left great toe. Two identification bracelets are at the left ankle, one of which has the decedent's name and the other has the name "Shamrock Barbados Unknown".

The body is received in a secured fashion.

EXTERNAL EXAMINATION:

The body is of a well-developed, well nourished, 71 inch, 202 pound, black man, whose appearance is consistent with the reported age of 39 years.

Wiry black scalp hair measures up to 9 ½" and is braided in areas. Mustache and beard hair measure up to ¾" and 2 ½" respectively. The irides are brown; the conjunctivae are without hemorrhage, petechiae, or jaundice. Natural teeth are in the maxilla and mandible; the oral mucosa is atraumatic (except as noted below) with intact frenula. The facial bones are normally developed. The ears are unremarkable with one pierce site at each lobe. The neck is unremarkable. The trachea is in the midline.

The anterior and posterior aspects of the torso are normally developed. The extremities are normally developed and without palpable fractures at the upper extremities. There are no needle tracks. The external genitalia are apparently circumcised adult man with testes in the scrotal sac. The anus is unremarkable.

Postmortem Changes: Rigor mortis is well developed in the jaw and extremities. Fixed livor mortis is at the back except for the pressure points. The body is cold. There is faint tache noire at the eyes bilaterally where the lids are not closed.

Scars: On the back of the right arm is a 2" scar. On the dorsal aspect of the right hand is a 1" scar. There is a 3" scar on the left knee. There is a ½" round scar at the posterolateral aspect of the right calf. There are multiple irregular scars at the distal lower extremities. These measure up to ½".

Tattoos: There are multiple tattoos of the head, neck, trunk and upper extremities. These are documented photographically.

Clothing: When first viewed the decedent is naked. No clothing accompanies the body.

Therapeutic Procedures: An endotracheal tube with securing apparatus is present and properly positioned in the trachea. An orogastric tube is also present with coiling of the tube at the posterior oropharynx. Puncture sites are in the infraclavicular areas bilaterally. An intraosseous catheter is in the upper right arm. A chest tube enters the lateral right chest and continues into the right pleural cavity through the 5th intercostal space. There is a dressing on the right flank over a gunshot wound

Case: **IN2021-02399**
Name: **Patrick Derrill Horton**

County: **Cuyahoga**

“A” Penetrating gunshot wound of left cheek:

There is an entrance gunshot wound of the left cheek located 6” below the top of the head and 2” to the left of midline. It is a 1/8” defect with a slightly irregular margin of abrasion measuring up to 1/16”.

Path of the bullet:

After perforating the skin and subcutaneous soft tissue the bullet perforates the left maxilla and continues into the oral cavity with dislodgment of a left maxillary molar (which is recovered in the posterior oropharynx) and then perforates the left tonsil before lodging in the body of the 2nd cervical vertebra. The underlying spinal cord is softened and shows focal hemorrhage. The wound track is hemorrhagic.

At the site of lodgment, a jacketed, moderately deformed (with mushroom at the nose) apparently medium caliber bullet is recovered with a smaller jacketed fragment also recovered. The larger fragment is now inscribed “H1” and both are submitted together to Evidence.

The direction this bullet traveled is front to back, downward and slightly left to right.

“B” Perforating gunshot wound of mid-chest:

There is an entrance gunshot wound at the mid-trunk located 20” below the top of the head and 1/2” to the left of midline. It is a 1/2” defect with a margin of abrasion measuring up to 3/16” inferiorly.

Path of the bullet:

After perforating the skin and subcutaneous soft tissue the bullet continues just below the xiphoid process and enters the peritoneal cavity where it strikes the left and right lobes of the liver (in the area of the falciform ligament) and continues through the hepatic parenchyma perforating the right lobe and exiting through the quadrate lobe while perforating the gallbladder and continuing into the peritoneal cavity where it perforates the jejunum twice before passing through the soft tissue of the right flank and exiting the body. There is approximately 400 ml of blood in the peritoneal cavity, primarily in the posterior aspect and pelvis.

The direction this bullet traveled is front to back, left to right and downward.

There is an exit gunshot wound on the right flank located 25 1/2” below the top of the head and 4 1/2” to the right of midline. It is a 1/2” slit-like defect.

No bullet is recovered.

“C” Perforating gunshot wound of anterior left arm:

There is an entrance gunshot wound at the anterior aspect of the upper left arm located 11 1/2” below the top of the shoulder. It is a 3/16” defect with a 1/16” circumferential margin of abrasion.

Path of the bullet:

After perforating the skin and subcutaneous soft tissue the bullet continues through a hemorrhagic wound track through the soft tissues of the upper left arm. There is no major vessel or bony injury associated with this wound path.

There is an exit gunshot wound located 10 1/2” below the top of the shoulder at the medial aspect of the upper arm. It is a 7/16” slit-like defect.

The direction this bullet traveled is front to back, left to right and upward.

No bullet is recovered.

Case: **IN2021-02399**
Name: **Patrick Derrill Horton**

County: **Cuyahoga**

second time the bullet continues into the soft tissue of the left axilla and left side of the back before lodging in the subcutaneous tissue of the back approximately 19 ½" below the top of the head and 4" to the left of midline where it is palpable. The wound path does not enter the pleural cavity.

At the site of lodgment, a slightly deformed, jacketed, apparently medium caliber bullet is recovered. This bullet is now inscribed "H3" and submitted to Evidence.

The direction this bullet traveled is left to right and upward through the arm (with the arm in the standard anatomical position) and left to right, downward and slightly front to back through the trunk.

"E" Penetrating gunshot wound of left posterior arm, lower:

There is an entrance gunshot wound of the posterior medial left arm located 8 ½" below the top of the shoulder. It is a 3/16" defect with a margin of abrasion measuring up to 3/8" inferiorly.

Path of the bullet

After perforating the skin and subcutaneous soft tissue the bullet continues through the soft tissue of the posterior left arm (without major vessel or bony injury) and continues into the left axillary area and into the soft tissue of the left side of the chest before striking the left 5th and 6th ribs laterally and continuing into the lower lobe of the left lung before exiting the pleural cavity through the posterior left 10th rib. The bullet continues into the soft tissue of the back and lodges in the soft tissue behind the lower thoracic spine. The wound track is hemorrhagic and there is approximately 500 ml of fluid blood in the left chest cavity.

The direction this bullet traveled is left to right and upward in the arm (with the arm in the standard anatomical position) and left to right, front to back and downward through the trunk.

At the site of lodgment, a jacketed, minimally deformed apparently medium caliber bullet is recovered and is now inscribed "H2" and submitted to Evidence.

(Note: Gunshot wounds "D" and "E" show trajectories through the left arm into the trunk. Both are consistent with the arm being in a raised position at the time of injury).

"F" Penetrating gunshot wound left posterior thigh:

There is an entrance wound at the left lateral posterior thigh located 28 ½" above the left heel. It is a 3/16" defect with a margin of abrasion measuring up to ¼" laterally.

Path of the bullet:

After perforating the skin and subcutaneous soft tissue the bullet continues through the musculature of the leg and enters into the canal of Hunter where it perforates the left femoral vein and continues into the left inguinal area where there is soft tissue hemorrhage before passing inferior to the left pubic ramus and entering the pelvic cavity where it perforates the rectum and the inferior vena cava at the junction with the right iliac vein. The bullet continues into the soft tissue of the right pelvis where it lodges. There is approximately 400 ml of blood in the peritoneal cavity, primarily in the pelvis.

At the site of lodgment, a moderately deformed, jacketed, apparently medium caliber bullet is recovered. It is now inscribed "H4" and submitted to Evidence.

The direction this bullet traveled is left to right, upward and slightly back to front.

Case: IN2021-02399
Name: Patrick Derrill Horton

County: Cuyahoga

The direction this bullet traveled is front to back, right to left and upward.

No bullet is recovered.

"H" Perforating gunshot wound of right ankle:

There is an entrance gunshot wound at the medial aspect of the right ankle located 5 ½" above the heel. It is a 3/16" defect with a 1/16" circumferential margin of abrasion. There is also a superficial abrasion superior to the entrance defect as well as a small ¼" laceration in this area in addition to a 1 ½" skin defect overlying an open fracture of the right tibia.

Path of the bullet:

After perforating the skin and subcutaneous soft tissue the bullet fractures the right tibia and fibula near the ankle area. The wound track is hemorrhagic.

There is an exit gunshot wound at the posterolateral aspect of the right ankle located 5" above the heel. It is a ½" irregular defect whose edges reapproximate neatly.

The direction this bullet traveled is left to right, slightly downward and slightly backwards.

No bullet is recovered.

Additional injury:

There is a ¾" dried abrasion on the right side of the forehead.

There is a slight amount of palpable subcutaneous emphysema on the left side of the chest superior to the thoracotomy incision.

These injuries, having been described, will not be repeated.

INTERNAL EXAMINATION:

Head: The scalp has no contusion. The skull has no fracture. There is no epidural or subarachnoid hemorrhage. There is bilateral subdural hemorrhage which consists of yellowish discoloration on the vertex of the left cerebral hemisphere and reddish-yellow discoloration on the right cerebral vertex. The subdural hemorrhage forms a membrane on the adjacent dura. Representative sections are submitted for microscopy. The brain weighs 1370 grams and is placed in formalin for fixation prior to sectioning. See neuropathology report.

Neck: The cervical vertebrae are unremarkable except as noted above. The hyoid bone, tracheal and laryngeal cartilages, and the paratracheal soft tissues are without lesion. The strap muscles of the neck are free of hemorrhage. The upper airway is not obstructed. The tongue is unremarkable.

Body Cavities: The organ situs is normal. There are no abnormal fluid accumulations in the right pleural or pericardial cavities. There are no adhesions.

Cardiovascular System: The aorta is free of atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus. The 460 gram heart has a normal distribution of right predominant coronary arteries. The epicardial coronary vessels are free of atherosclerosis and thrombi. The myocardium is uniformly reddish-brown without hemorrhage, softening, pallor, or fibrosis. The left ventricle is 1.5 cm. thick; the right ventricle is 0.4 cm. thick. The endocardial surfaces and cardiac valves are not remarkable.

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Genitourinary System: The right kidney weighs 160 grams; the left kidney weighs 170 grams. Both have smooth subcapsular surfaces with well demarcated cortices and medullae. The pelves and vasculature are unremarkable. The ureters maintain uniform caliber down to the pelvis where the right ureter is perforated and the left ureter is unremarkable. The bladder contains approximately 50 ml. of clear amber urine.

The prostate gland is not enlarged. The testes are unremarkable.

Endocrine System: The pituitary gland is not enlarged. The thyroid gland is reddish-brown and without nodularity. The adrenal glands are unremarkable externally and upon sectioning.

Digestive System: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 15 ml. of brown mucus with a lemon wedge. There are no pills. The small intestine, appendix, and large intestine are unremarkable except for injury.

Musculoskeletal System: There are no fractures of the clavicles, sternum or pelvis. The axial skeleton is unremarkable except for injury. The musculature is normally distributed.

Toxicology: Specimens of blood, urine, gastric contents, vitreous humor, brain tissue and liver tissue are submitted for toxicological analysis as indicated. A separate report will be attached.

Microscopy: Sections of subdural hemorrhage are submitted for microscopic analysis.

Neuropathology Report:

The brain is examined after fixation. Fixation is adequate. The external surfaces of the cerebral hemispheres, cerebellum and brainstem are unremarkable and without encephalomalacia or acute contusion. The dura mater again shows the previously noted changes with rust-colored adherent subdural hemorrhage with membrane formation at the subdural face. No epidural hemorrhage is present and the superior sagittal sinus is widely patent. The leptomeninges are unremarkable.

The brain is sectioned in the usual fashion and cerebral hemispheres show unremarkable parenchyma without congenital malformation or other lesion. The ventricles are slightly small. The hippocampi are unremarkable and free of sclerosis. The brainstem shows normal pigmentation of the substantia nigra and normal internal anatomy of the pons, medulla and upper cervical spinal cord. The cerebellum is unremarkable.

Representative sections are submitted as follows:

- A. Midbrain
- B. Pons
- C. Medulla, cerebellum
- D. Hippocampus, motor cortex
- E. Basal ganglia
- F. Visual cortex

(Note: A section of dura mater was submitted at the time of autopsy)

Microscopic Diagnosis:

DURA/BRAIN: The dura shows subdural hemorrhage of a chronic nature with small

Case: **IN2021-02399**
Name: **Patrick Derrill Horton**

County: **Cuyahoga**

CAUSE OF DEATH: Multiple gunshot wounds of head, trunk and extremities.

MANNER OF DEATH: Homicide.



Thomas P. Gilson, M.D.
Medical Examiner



Date

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Dictated: 12/13/21
Transcribed 12/15/21

**This report was reviewed
by another CCMEO
board-certified
forensic pathologist.**