



**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: IN2024-00102

**Be it Remembered**, That on the 18th day of January, 2024 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 18th day of January, 2024.

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 #2024-15839) (CCSD #2024-134) (MHMC #6225740). I also carefully examined or caused to be examined the said dead body at 10:15AM on the 18th day of January, 2024 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 Robert James Perkins, whose body was at the Medical Examiner's Office on the 18th day of January, 2024 came to his death. The said Robert James Perkins was divorced (and not remarried), 36 years of age, a resident of Cleveland, Cuyahoga County, Ohio, and a native of Toledo, Ohio; was of the White race, and had brown eyes, brown hair, unshaven beard, unshaven mustache, was 71 inches in height, and weighed 164 pounds.

Upon full inquiry based on all the known facts, I find that the said Robert James Perkins came to his death officially on the 18th day of January, 2024 in Emergency Room, MetroHealth Medical Center and was officially pronounced dead at 3:06 A.M., by Dr. Claridge. There is history that on January 17th, 2024 at about 6:33 P.M., Cleveland Police and Paramedics responded to a call of shots fired at 7702 Spafford Road. On arrival, a male, later identified as the said Robert James Perkins, of the same address, was found to have barricaded himself in the home and was randomly shooting his weapon out windows of his home. On the early morning of January 18th, 2024, Cleveland Police Special Weapons and Tactics along with assisting Cuyahoga County Sheriff's Department, approached the residence in armored vehicles and were fired upon. At this time, this man was shot during legal intervention and collapsed. At about 2:30 A.M., entry was made and the said Robert James Perkins was found to have sustained multiple gunshot wounds and treatment was administered. This man was then transported to MetroHealth Medical Center where he was admitted to the Emergency Room at 3:01 A.M., with the aforementioned injuries. Treatment and drug therapy were administered, however, the said Robert James Perkins failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. This man was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of gunshot wounds of torso and right upper extremity, and was homicidal in nature.

**Cause of Death:** Gunshot wounds of torso and right upper extremity  
HOMICIDE.

**Robert James Perkins**  
(Name of Deceased)

Cuyahoga County Medical Examiner

,M.D.



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



**TOXICOLOGY LABORATORY FINAL REPORT**

Report Date: 02/29/2024  
 CCRFSL Case: 2024-000458  
 Agency Case: IN2024-00102  
 Agency Representative: Daniel Sullivan

Individual: Perkins, Robert James  
 Submitting Agency: Cuyahoga County Medical Examiners Office  
 Address: 11001 Cedar Avenue, Cleveland, OH 44106

**Specimen(s) Received**

Lab Item #	Description	Receipt/Accessioning Date
023	Femoral Blood 1	01/22/2024
024	Heart Blood 1	01/22/2024
025	Urine 1	01/22/2024
026	Bile 1	01/22/2024
027	Vitreous Humor 1	01/22/2024
028	Cavity Blood 1	01/22/2024
029	Gastric Contents	01/22/2024
030	Long Term Storage 1	01/22/2024
031	Long Term Storage 2	01/22/2024
032	Liver 1	01/22/2024
033	Brain 1	01/22/2024

Item: 023: Femoral Blood 1		
Drug Group/Class	Result	Quantitation
Basic Drugs by GC/MS	None Detected/Not Performed	
None Detected		
ELISA		
SEE CONFIRMATION		
Volatiles Screening and Confirmation by GC/FID		
None Detected		

Item: 025: Urine 1		
Drug Group/Class	Result	Quantitation
Basic Drugs by GC/MS		
None Detected		



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Page 2 of 4

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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.

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

Supervisor, Toxicology Unit

Eric Lavins



**Cuyahoga County Regional Forensic Science Laboratory**  
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Page 3 of 4

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**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. **ACIDIC/NEUTRAL DRUGS by LC-MS/MS:** Acetaminophen, Pregabalin, Gabapentin, Levetiracetam, Caffeine, Salicylic Acid, Lamotrigine, Primidone, p-HPPH, Meprobamate, Phenobarbital, Topiramate, Licarbazepine, CBZ-10,11-epoxide, Oxcarbazepine, Butalbital, Metaxalone, Phenytoin, Pentobarbital, Carbamazepine, Carisoprodol, Tiagabine, Naproxen

**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- $\Delta$ -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, Cocacethylene. **COCAINE AND METABOLITES CONFIRMATION by LC-MS/MS:** Benzoyllecgonine, Cocaine, Cocacethylene, Anhydroecgonine Methyl Ester, Ecgonine Methyl Ester

**CANNABINOIDS CONFIRMATION by LC-MS/MS:**  $\Delta$ 9-THC, 11-OH- $\Delta$ 9-THC (marijuana metabolite), 11-nor- $\Delta$ 9-THC-COOH (marijuana metabolite). **CANNABINOIDS CONFIRMATION by GC/MS:** TOTAL 11-nor- $\Delta$ 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, Methyclonazepam, Midazolam, N-Desalkylflurazepam, N-Desmethylclobazam, N-Desmethylflunitrazepam, Nitrazepam, Nitrazepam, Nordiazepam, Oxazepam, Phenazepam, Temazepam, Triazolam, Zaleplon, Zolpidem,  $\alpha$ -Hydroxyalprazolam,  $\alpha$ -Hydroxymidazolam and  $\alpha$ -Hydroxytriazolam

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

**FENTANYL and ANALOGUES CONFIRMATION by LC-MS/MS:** N-Methyl norfentanyl, Norfentanyl, Norcarfentanyl, 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,



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**TOXICOLOGY LABORATORY FINAL REPORT**

Page 4 of 4

Report Date: 02/29/2024

Individual: Perkins, Robert James

CCRFSL Case: 2024-000458

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Phenyl fentanyl, Cyclopentenyl fentanyl, *para*-Fluorofuranyl fentanyl, Valeryl fentanyl, Isobutyryl fentanyl, Thiophene fentanyl, Isovaleryl fentanyl; plus Metonitazene, Brorphine, Isotonitazene, Protonitazene

**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: IN2024-00102**

**REPORT OF AUTOPSY OF: Robert James Perkins**  
**ADDRESS: 7702 Spafford Road, Cleveland, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **18th** day of **January, 2024** at **10:30 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Robert James Perkins**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **male, divorced (and not remarried)**, aged **36 years**, of the **White** race; had **brown eyes, brown hair, good teeth**, was **71 inches** in height, weighing **164 pounds**; a native of **Toledo, Ohio**.

**ANATOMIC DIAGNOSES:**

- I. Shotgun wound(s) of the right chest
  - A. Six separate entrance lacerations on the right upper chest
  - B. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right upper chest, right upper back, mid back
  - C. Lacerations of the right subclavian artery and vein
  - D. Lacerations of the right first and second intercostal soft tissues, right lung
  - E. Fractures of the right clavicle, right second, third, and fifth ribs, and fifth thoracic vertebra
  - F. Contributes to fracture of the right eighth rib
  - G. Contributes to right hemothorax, 1000 mL
  - H. Three projectiles recovered
  - I. Associated abrasions and pseudostippling, head, right neck, and right upper chest
- II. Perforating gunshot wound of right chest
  - A. Entrance: Right mid chest
  - B. Exit: Right mid back
  - C. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right mid chest and back
  - D. Lacerations of the right sixth intercostal soft tissues and right lung
  - E. Fractures of the right sixth rib
  - F. Contributes to fracture of the right eighth rib
  - G. Contributes to right hemothorax, 1000 mL
  - H. Course: Front to back, right to left, and upwards
- III. Graze gunshot wound of right hand
  - A. Hemorrhagic abrasions and lacerations of the skin and subcutaneous soft tissues of the dorsal right hand and posterior right wrist and forearm
  - B. Course: Left to right, slightly back to front, and upwards
- IV. Cutaneous abrasions and contusions, head, torso, and upper extremities
- V. Simple cysts, left kidney
- VI. Therapeutic intervention
  - A. Laryngeal mask airway
  - B. Indwelling needle thoracostomy catheter
  - C. Indwelling intraosseous catheters
  - D. Electrocardiogram pads
  - E. Medical identification bracelet
  - F. Wound packing
  - G. Evidence of cardiopulmonary resuscitation

**Cause of Death:** Gunshot wounds of torso and right upper extremity.  
HOMICIDE.

Daniel Sullivan, M.D.  
(Name of Pathologist)

Pathologist Signature

**Robert James Perkins**  
(Name of Deceased)

**Thomas P. Gilson, M.D.**  
Cuyahoga County Medical Examiner

**GROSS ANATOMIC DESCRIPTION**

**EXTERNAL EXAMINATION:** The body is that of a normally-developed and well-nourished White male, whose appearance is consistent with the reported age of 36 years. The body weighs 164 pounds and is 71 inches in length.

Rigor mortis is partial. Lividity is posterior and non-fixed. The skin temperature is cool.

The scalp hair is wavy, brown, and has a normal distribution. The face contains stubble. The conjunctivae are pale, the corneas are translucent, and the irides are brown. The ears and mouth are atraumatic. There is an orange earplug in his right ear. The nose is normally developed. The teeth are natural and in good condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normally developed. The breasts are of normal adult male configuration, and there are no palpable masses. The abdomen is soft and flat. The external genitalia are of normal adult male, circumcised conformation, and there are no external lesions. The extremities appear normally developed, and the joints are not deformed. All digits are present. The skin is of normal pliability and texture. There is no icterus.

**SCARS AND IDENTIFYING MARKS:** None.

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:**

1. An indwelling laryngeal mask airway with securing device is in the mouth and terminates in the pharynx.
2. A needle thoracostomy catheter is in the right upper chest.
3. A 4 ½" x 1" red abraded contusion is on the chest, consistent with cardiopulmonary resuscitation.
4. Indwelling intraosseous catheters are on the bilateral anterior legs.
5. Five electrocardiogram pads are on the torso and left upper extremity.
6. Wound packing material is in the right shoulder laceration (Exit of Shotgun Wound F—see below).
7. A medical identification bracelet with the decedent's name is around the left wrist.

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:**

**Gunshot wounds:**

1. Shotgun wound(s) of the right chest.  
Six lacerations of entrance and one laceration of exit clustered in an area measuring 4" x 3 ½" are present on the right upper chest and correlate with at least one shotgun wound. Associated with these lacerations are a ½" diameter dark red abrasion on the anterolateral right neck, a ¼" diameter abraded laceration on the inferior aspect of the anterior right neck, and a ¾" x ½" oval dark red abrasion on the medial aspect of the right upper chest. The lacerations and associated wound tracks are listed from A-F as follows in order from top to bottom:
  - A. Perforating wound of right chest:
    - I. Entrance: A ½" x ¼" oval laceration with a ⅛" inferolateral marginal abrasion is on the right upper chest. The laceration is located 12" below the vertex of the head and 4" right of the anterior midline. No black soot or stippling is on the skin adjacent to the wound, and no black soot is visible within the subcutaneous soft tissues beneath the wound.
    - II. Path of projectile: The projectile perforates the skin and subcutaneous soft tissues of the right upper chest, fractures the right clavicle, perforates the right subclavian vein and artery, and penetrates the skin and subcutaneous soft tissues of the right upper back.
    - III. Injuries associated with projectile path:
      - a. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right upper chest and back.
      - b. Contributes to fractures of the right clavicle.
      - c. Contributes to lacerations of the right subclavian artery and vein.

- IV. Exit: A  $\frac{1}{8}$ " diameter laceration of the right upper back. The laceration is 10" below the vertex of the head and  $3\frac{1}{4}$ " right of the posterior midline.
  - V. Course and direction: Front to back, right to left, and upwards.
- B. Perforating wound of right chest:
- I. Entrance: A  $\frac{1}{2}$ " x  $\frac{1}{4}$ " oval laceration with a  $\frac{1}{8}$ "-  $\frac{1}{4}$ " circumferential marginal abrasion is on the right upper chest. The laceration is located  $12\frac{1}{2}$ " below the vertex of the head and  $3\frac{1}{2}$ " right of the anterior midline. No black soot or stippling is on the skin adjacent to the wound, and no black soot is visible within the subcutaneous soft tissues beneath the wound.
  - II. Path of projectile: The projectile perforates the skin and subcutaneous soft tissues of the right upper chest, the anterior aspect of the right second intercostal soft tissues, fractures the anterior aspect of the right third rib, perforates the right lung, fractures the posterior aspect of the right eighth rib, and perforates the skin and subcutaneous soft tissues of the mid back.
  - III. Injuries associated with projectile path:
    - a. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right upper chest and mid back.
    - b. Lacerations of the right second intercostal soft tissues and right lung.
    - c. Fracture of the right third rib.
    - d. Contributes to fracture of the right eighth rib.
    - e. Contributes to 1000 mL of liquid and clotted blood in the right pleural cavity.
  - IV. Exit: A  $\frac{1}{4}$ " x  $\frac{1}{8}$ " oval, easily approximated laceration is on the mid back. The laceration is located approximately 20" below the vertex of the head and is at the posterior midline.
  - V. Course and direction: Front to back, right to left, and downwards.
- C. Penetrating wound of right chest:
- I. Entrance: A  $\frac{1}{4}$ " diameter laceration with a  $\frac{1}{8}$ " circumferential marginal abrasion is on the right upper chest. The laceration is located  $13\frac{1}{2}$ " below the vertex of the head and  $2\frac{1}{2}$ " right of the anterior midline. No black soot or stippling is on the skin adjacent to the wound, and no black soot is visible within the subcutaneous soft tissues beneath the wound.
  - II. Path of projectile: The projectile perforates the skin and subcutaneous soft tissues of the right upper chest, the anterior aspects of the right first intercostal soft tissues, the right lung, and fractures and penetrates the body of the fifth thoracic vertebra. Of note, the underlying spinal cord is not injured.
  - III. Injuries associated with projectile path:
    - a. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right upper chest.
    - b. Lacerations of the right first intercostal soft tissues and right lung.
    - c. Fracture of the body of the fifth thoracic vertebra.
    - d. Contributes to 1000 mL of liquid and clotted blood in the right pleural cavity.
  - IV. Recovery of projectile: A severely deformed gray and copper-colored metal projectile is recovered from the body of the fifth thoracic vertebra. The projectile is located approximately 15" below the vertex of the head and is at the midline. The projectile is submitted to the Cuyahoga County Regional Forensic Science Laboratory.
  - V. Course and direction: Front to back, right to left, and downwards.



- D. Penetrating wound of right chest:
- I. Entrance: A  $\frac{1}{4}$ " diameter laceration with a  $\frac{1}{16}$ "-  $\frac{3}{16}$ " circumferential marginal abrasion is on the right upper chest. The laceration is located  $13\frac{3}{4}$ " below the vertex of the head and  $4\frac{3}{4}$ " right of the anterior midline. No black soot or stippling is on the skin adjacent to the wound, and no black soot is visible within the subcutaneous soft tissues beneath the wound.
  - II. Path of projectile: The projectile perforates the skin and subcutaneous soft tissues of the right upper chest, the subclavian artery and vein, fractures the right clavicle, and perforates the skin and subcutaneous soft tissues of the right clavicular upper chest.
  - III. Injuries associated with projectile path:
    - a. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right upper chest.
    - b. Contributes to lacerations of the subclavian artery and vein.
    - c. Contributes to fracture of the right clavicle.
  - IV. Recovery of projectile: A severely deformed gray and copper-colored metal projectile is recovered from the subclavicular right upper chest. The projectile is somewhat free floating and located approximately  $10\frac{1}{2}$ " below the vertex of the head and  $5\frac{1}{2}$ " right of the anterior midline. The projectile is submitted to the Cuyahoga County Regional Forensic Science Laboratory.
  - V. Course and direction: Front to back, left to right, and upwards.
- E. Penetrating wound of right chest:
- I. Entrance: A  $\frac{3}{8}$ " x  $\frac{1}{4}$ " oval laceration with a  $\frac{1}{4}$ " wide predominately inferolateral marginal abrasion is on the right upper chest. The laceration is located  $14\frac{1}{2}$ " below the vertex of the head and 3" right of the anterior midline. No black soot or stippling is on the skin adjacent to the wound, and no black soot is visible within the subcutaneous soft tissues beneath the wound.
  - II. Path of projectile: The projectile perforates the skin and subcutaneous soft tissues of the right upper chest, the anterior aspects of the right second intercostal soft tissues, fractures the right second rib, perforates the right lung, fractures the posterior aspect of the right fifth rib, and perforates the skin and subcutaneous soft tissues of the mid back.
  - III. Injuries associated with projectile path:
    - a. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right upper chest and mid back.
    - b. Lacerations of the right second intercostal soft tissues and right lung.
    - c. Fracture of the right second and fifth ribs.
    - d. Contributes to 1000 mL of liquid and clotted blood in the right pleural cavity.
  - IV. Recovery of projectile: A severely deformed gray and copper-colored metal projectile is recovered from the upper back. The projectile is located approximately  $13\frac{1}{2}$ " below the vertex of the head and is at the posterior midline. A  $1\frac{1}{2}$ " diameter purple contusion is on the skin of the upper back overlying the projectile. The projectile is submitted to the Cuyahoga County Regional Forensic Science Laboratory.
  - V. Course and direction: Front to back, right to left, and upwards.
- F. Perforating gunshot wound of right chest:
- I. Entrance: A  $\frac{1}{2}$ " x  $\frac{1}{4}$ " oval laceration with a  $\frac{1}{8}$ "-  $\frac{1}{4}$ " wide circumferential marginal abrasion is on the right upper chest. The laceration is located 15" below the vertex of the head and 6" right of the anterior midline. No black soot or true stippling is on the skin adjacent to the wound, and no black soot is visible within the subcutaneous soft tissues beneath the wound. Multiple punctate abrasions are present surrounding the entrance wound (pseudostippling).

- II. Path of projectile: The projectile perforates the skin and subcutaneous soft tissues of the right upper chest, the subclavian artery and vein, fractures the right clavicle, and perforates the skin and subcutaneous soft tissues of the right clavicular upper chest.
  - III. Injuries associated with projectile path:
    - a. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right upper chest.
    - b. Contributes to lacerations of the subclavian artery and vein.
    - c. Contributes to fracture of the right clavicle.
  - IV. Exit: A  $\frac{3}{4}$ " x  $\frac{1}{2}$ " oval laceration with a variable and irregular marginal abrasion ranging from  $\frac{1}{8}$ "- $\frac{1}{2}$ " is on the right clavicular upper chest. Associated with the laceration on the superomedial margin is a 1" x  $\frac{1}{2}$ " purple contusion. The laceration is located approximately 11" below the vertex of the head and 5  $\frac{1}{2}$ " right of the anterior midline.
  - V. Course and direction: Front to back, right to left, and upwards.
2. Perforating gunshot wound of right chest:
- I. Entrance: A  $\frac{1}{2}$ " diameter laceration is on the right mid chest. The laceration is located 20" below the vertex of the head and 5  $\frac{1}{2}$ " right of the anterior midline. No black soot or true stippling is on the skin adjacent to the wound, and no black soot is visible within the subcutaneous soft tissues beneath the wound. Multiple abraded lacerations varying in size between  $\frac{1}{8}$ " and  $\frac{1}{4}$ " in greatest dimensions are scattered up to 2  $\frac{1}{2}$ " from the center of the laceration.
  - II. Path of projectile: The bullet perforates the skin and subcutaneous soft tissues of the right mid chest, the right sixth intercostal soft tissues, fractures the right sixth rib, perforates the right lung, fractures the posterior aspect of the right eighth rib, and perforates the skin and subcutaneous soft tissues of the mid back.
  - III. Injuries associated with bullet path:
    - a. Hemorrhagic lacerations of the skin and subcutaneous soft tissues of the right mid chest and back.
    - b. Lacerations of the right sixth intercostal soft tissues and right lung.
    - c. Fracture of the right sixth rib.
    - d. Contributes to fracture of the right eighth rib.
    - e. Contributes to 1000 mL of liquid and clotted blood in the right pleural cavity.
  - IV. Exit: A  $\frac{1}{4}$ " x  $\frac{1}{8}$ " oval, easily approximated laceration the right mid back. The laceration is located approximately 17  $\frac{1}{2}$ " below the vertex of the head and 1" right of the posterior midline.
  - V. Course and direction: Front to back, right to left, and upwards.

Note: This gunshot wound may represent a re-entry from Gunshot Wound #3.

3. Graze gunshot wound of right forearm:  
A 1" x  $\frac{1}{2}$ " oval, easily approximated graze laceration with a  $\frac{1}{4}$ " circumferential marginal abrasion is on the distal posterolateral right forearm. The laceration is located approximately 22  $\frac{1}{2}$ " below the top of the right shoulder and 1  $\frac{1}{4}$ " right of the posterior midline of the forearm. Multiple surrounding fragment wounds and pseudostippling abrasions are present on the dorsal right hand and posterior right forearm measuring up to  $\frac{1}{2}$ " in greatest dimension. The graze wound courses left to right, slightly back to front, and upwards.

Additional injuries:

1. Multiple discontinuous, irregular red-yellow abrasions are in a 3" x 2" area on the right and middle forehead.
2. A  $\frac{1}{4}$ " x  $\frac{1}{4}$ " irregular red abrasion is on the bridge of the nose.
3. Scattered areas of pseudostippling abrasions measuring up to  $\frac{1}{4}$ " in greatest dimension are on the right side of the face.
4. A  $\frac{1}{4}$ " diameter laceration is on the lateral right chest.
5. A  $\frac{1}{4}$ " diameter blue-purple-yellow contusion is on the lateral right lower abdomen.
6. A  $\frac{1}{2}$ " x  $\frac{1}{4}$ " red abrasion is on the proximal anterior right arm.
7. A  $\frac{1}{2}$ " diameter blue-purple contusion is on the anterior right arm.

8. Two 3 ½" curvilinear purple contusions are around the right posterior wrist.
9. A ½" x ¼" abraded blue contusion is on the anterior left arm.
10. Two 4 ½" curvilinear purple contusions are around the left posterior wrist.

The above wounds and injuries are grouped by type and numbered by convention from the top downward, and the numbering is not intended to imply the sequence in which the wounds and injuries may have been sustained. The above wounds and injuries, once having been described, will not be referred to below.

**INTERNAL EXAMINATION:** The body is opened by means of the usual "Y" and biparietal incisions. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serosal surfaces are smooth and glistening. No fluids are present within the left pleural cavity, pericardial sac, or abdominal cavity. There are no adhesions or abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Heart- 360 grams  
Right Lung- 550 grams  
Left Lung- 350 grams  
Spleen- 100 grams  
Liver- 1710 grams  
Right kidney- 170 grams  
Left kidney- 190 grams  
Brain- 1410 grams

**NECK:** The neck organs are excised en bloc and examined separately. The tongue is normally developed. The strap muscles demonstrate no hemorrhage. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, tracheal cartilage, and hyoid bone are intact.

**CARDIOVASCULAR:**

**Heart:** The heart is normal in configuration. The coronary arteries have a normal anatomic distribution, and multiple cross sections show no significant narrowing of lumina. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are normally developed, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left and right ventricles are 1.4 cm and 0.4 cm thick, respectively. The interventricular septum is 1.4 cm. The heart valves are thin, pliable, delicate, and free of deformity. Valve circumferences are as follows: tricuspid valve = 12 cm, pulmonic valve= 6.5 cm, mitral valve= 10 cm, aortic valve= 6.5 cm.

**Aorta and its major branches:** The aorta and its principal branches are patent. There are no thrombi, areas of erosion, or zones of significant narrowing present.

**Venae cavae and their major tributaries:** The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present.

**RESPIRATORY:** The major bronchi have a normal caliber and are not obstructed. The lungs have normal lobation except for the lower lobe of the right lung which has an additional incomplete septation. The visceral pleura is smooth and glistening. The pulmonary arteries are free of emboli and thrombi. On cut section the parenchyma exudes a moderate amount of fluid.

**RETICULOENDOTHELIAL:** The spleen has a normal configuration. The capsule is blue-grey and smooth, without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. There are no abnormal lymph nodes.

**DIGESTIVE:** The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is flattened due to autolysis. The stomach contains 150 mL of tan fluid and multicolor solids. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

Case: **IN2024-00102**  
Name: **Robert James Perkins**

County: **Cuyahoga**

**HEPATOBIILIARY:**

Liver: The capsule is smooth and glistening. Multiple cross sections through the liver reveal a soft, red-brown parenchyma with a normal lobular pattern.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 3 mL of bile. No calculi are present.

PANCREAS: The pancreas is soft and normally lobulated. Multiple cross sections through the pancreas reveal normal tan parenchyma without intrinsic lesions.

**GENITOURINARY SYSTEM:**

Kidneys: The right and left kidneys are similar. The capsules strip with ease to reveal smooth subcapsular surfaces. The left kidney contains a 1.5 cm x 1.5 cm x 0.5 cm fluid-filled simple cyst on the upper pole and an 0.5 cm x 0.5 cm x 0.5 cm fluid-filled simple cyst on the lateral border. The renal arteries and veins are patent and free of stenosing lesions. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains 20 mL of urine.

Prostate and seminal vesicles: Multiple cross sections through the prostate reveal a rubbery, firm, grey-white parenchyma, free of lesions. The seminal vesicles are unremarkable.

Testes: The testes are both present within the scrotal sac, and bivalve sections show normal developed parenchyma.

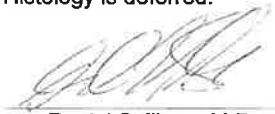
ENDOCRINE SYSTEM: No abnormalities are present in the pituitary, thyroid, or adrenal glands.

MUSCULOSKELETAL: The bones of the axial and appendicular skeleton show no abnormalities, except as noted above. The exposed musculature is unremarkable. Dissection of the wrists and ankles demonstrates no intramuscular contusions.

HEAD/BRAIN: The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The epidural, subdural, and subarachnoid spaces contain no hemorrhage. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The cerebrum presents normal convolutions without flattening of the gyri or widening or deepening of the sulci. The major cerebral arteries show no significant atherosclerosis or congenital abnormalities. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show an unremarkable cortical ribbon and underlying white matter. The basal ganglion and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. Upon removal of the brain, the base of the skull demonstrates no fracture.

**MICROSCOPIC DESCRIPTION**

Histology is deferred.

  
Daniel Sullivan, M.D.

  
Date

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