



**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: IN2022-01026

REPORT OF AUTOPSY OF: **Demond Lebron Eskridge**  
ADDRESS: **3495 East 98th Street #703, Cleveland, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **3rd** day of **June, 2022** at **9:20 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Demond Lebron Eskridge**.

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 **42 years**, of the **Black** race; had **brown** eyes, **black** hair, **fair** teeth, was **71 inches** in height, weighing **170 pounds**; a native of **Cleveland, Ohio**.

**FINAL DIAGNOSES:**

- I. Perforating gunshot wound of back with
  - A. Rib fracture
  - B. Perforations of lung, liver, and diaphragm
  - C. Hemothorax and hemoperitoneum
  - D. Stippling at entrance wound
  - E. Bullet recovered
  
- II. Perforating gunshot wound of left shoulder with
  - A. Soft tissue hemorrhage
  - B. Fractures of scapula and cervical spine
  - C. Soot and stippling at entrance wound
  - D. Bullet recovered
  
- III. Blunt force injuries of head, trunk, and extremities with
  - A. Abrasions and contusions
  
- IV. Atherosclerosis, aorta, slight

**Cause of Death:** Gunshot wound of trunk with injuries of lung, liver, and spine.  
HOMICIDE.

Thomas P. Gilson, M.D.  
(Name of Pathologist)

Pathologist Signature

**Demond Lebron Eskridge**  
(Name of Deceased)

Cuyahoga County Medical Examiner, M.D.

## AUTOPSY REPORT

**NAME:** Demond Lebron Eskridge

**CASE#:** IN2021-1026

I hereby certify that I, Thomas Gilson, M.D., Medical Examiner, have performed an autopsy on the body of Demond Lebron Eskridge on the 3rd day of June, 2022, commencing at 9:20 a.m. in the mortuary of the Cuyahoga County Medical Examiner's Office.

The body is identified by Medical Examiners tags attached to the left great toe.

A hospital identification bracelet is at the left wrist which bears the name "Trauma Echo DCCCXI" with medical record number 6924409.

The scene of death is personally viewed by this Pathologist.

The body is received in a secured fashion.

### **EXTERNAL EXAMINATION:**

The body is of a well-developed, well nourished, 71 inch, 170 pound, black man, whose appearance is consistent with the reported age of 42 years.

Wiry black scalp hair measures up to 1/16"; mustache and beard hair measure up to 1/2" and 1 1/2" respectively. The irides are brown; the conjunctivae are without hemorrhage or jaundice. A single petechia is noted at the bulbar conjunctiva of the left eye. The oral cavity has natural teeth with intact frenula. The facial bones are intact to palpation. The ears and neck are unremarkable. The trachea deviates to the left.

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

**Postmortem Changes:** Rigor mortis is well developed in the jaw and extremities. Blanching livor mortis is faintly present at the back except for the pressure points. The body is cold.

**Scars:** There are patchy irregular and short linear scars of all extremities. These measure up to 1" on the lower extremities and 1/4" on the upper extremities. Additionally, there is a 4" scar on the left side of the head. There is a 1" scar on the left side of the lower back. There is a 1/4" scar over a superficial vein in the left antecubital fossa. On the posterior aspect of the right forearm is a 1/2" scar. In the right popliteal fossa is a 1" scar.

**Tattoos:** On the right side of the chest is a polychromatic tattoo of a dragon. On the left side of the chest is a monochromatic tattoo with the letters "DVS1". On the upper back in the midline is a monochromatic tattoo of illegible letters. On the posterior aspect of the right forearm is a monochromatic tattoo with an illegible design. On the posterior aspect of the left forearm is a monochromatic tattoo of a geometric design. On the right knee is a monochromatic tattoo of an insect. On the right shin is a monochromatic tattoo of a heart with a sword dripping blood.

**Clothing:** When first viewed the decedent is naked. The decedent is viewed by Trace Evidence prior to autopsy.

**Therapeutic Procedures:** Large bore intravenous catheters are present in both infraclavicular areas. They do not enter the pleural cavity. An intra-osseous catheter is in the left shin. A nasal trumpet airway enters the right nostril.

Injuries, Internal and External:

There are two (2) gunshot wounds of the body.

These are labeled "A" and "B" for descriptive purposes only. No sequence is implied. Directions are given in standard anatomical planes.

"A" Gunshot wound of right back.

There is an entrance gunshot wound of the upper right back located 15 ½" below the top of the head and 2 ½" to the right of midline. It is a ¼" defect with a margin of abrasion measuring up to 3/16" superiorly and laterally. There is no soot on the skin adjacent to the entrance defect. Stippling is present and extends 2 ½" to the right, 2 ¾" to the left, 3 ½" above, and 2 ¾" inferior to the entrance defect.

Path of the bullet:

After perforating the skin and subcutaneous soft tissue the bullet fractures the right 8<sup>th</sup> rib posteriorly and continues through the lower lobe of the right lung before striking the diaphragm and grazing the upper left lobe of the liver near the falciform ligament and striking the right costal margin of the ribcage near the sternum and lodging in the soft tissue near the lower sternum. A bullet is palpable in the subcutaneous soft tissue near the xyphoid area 21" below the top of the head and ¾" to the right of midline. Overlying this area, the skin shows a 1" violet contusion with a ⅞" abrasion. At the site of lodgment, a moderately deformed, apparent medium caliber, jacketed bullet is recovered. It is now inscribed with "D1" on the nose and submitted to Evidence.

There is approximately 1500 ml of blood in the right chest cavity and 350 ml of blood in the abdominal cavity.

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

"B" Penetrating gunshot wound of left shoulder.

There is an entrance gunshot wound on the top of the left shoulder located 9 ½" below the top of the head and 6 ½" to the left of midline. It is a 3/16" defect with a margin of abrasion measuring up to ¼" laterally. Soot is present in a ½" circumferential distribution around the entrance wound with increased prominence laterally. Stippling is present around the entrance wound extending 1 ¼" posteriorly, 1 ¾" laterally, 2 ½" medially, and ⅞" anteriorly. Soot is also noted in a discontinuous area on the left side of the neck. This area of stippling measures 5" x 1" in aggregate and extends to also involve the helix of the left ear.

Path of the bullet:

After perforating the skin and subcutaneous soft tissue the bullet continues through the soft tissue of the left upper trunk and back before striking the medial aspect of the left scapula near the superior angle and continuing across the soft tissue of the back striking the tip of the spinous process of the 7<sup>th</sup> cervical vertebra before lodging in the soft tissue on the right side of the back where the jacket has separated from the bullet which lies slightly to the right of the jacket. The wound track is hemorrhagic. The wound track does not enter the pleural cavities. Dissection of the cervical spinal canal reveals no evidence of hemorrhage or spinal cord softening.

At the site of lodgment, the bullet and jacket are recovered separately. They are markedly deformed, apparent medium caliber, and are inscribed with "D2" on the base of the lead bullet core before submission to Evidence.

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

Additional injuries.

Blunt force injuries are at the head, trunk, and extremities.

On the left side of the forehead is a 1" violet contusion. In the left orbital and cheek area is a 2" x ¾" area of violet contusion and abrasions primarily over the bony prominences. To the right of the philtrum is a ½" red based abrasion. On the inner aspect of the upper lip to the left is a 1" area of focal lacerated abrasion. On the inner aspect of the right side of the lower lip is a ½" cluster of red based abrasions. On the right side of the neck below the jawline is a ½" red based abrasion. On the posterior neck to the right is a 1" superficial abrasion. On reflection of the scalp there is a 1" contusion in the frontal area on the left. There is no skull fracture or intracranial hemorrhage.

There is a 1" violet contusion over the lateral left costal margin. In the mid back is a 1 ½" superficial abrasion which is co-linear with a 1" violet contusion of the left back inferiorly and this contusion lies parallel to a second contusion approximately ½" inferiorly and measuring 1 ½" in length. On the left buttock is a 1 ½" superficial anemic abrasion and a 1" abrasion of similar appearance is noted on the right buttock and lies below a cluster of smaller similar appearing abrasions.

On the right upper extremity at the posterior elbow is a ¾" red based abrasion. On the anterior aspect of the right wrist is a ¾" violet contusion and the posterior aspect of the wrist contains multiple superficial abrasions with several in a transverse band-like distribution. These abrasions measure up to ½". Dissection of the underlying soft tissue reveals a 1" cluster of contusions of the right wrist at the lateral aspect. There is a ½" abrasion over the proximal interphalangeal joint of the right 5<sup>th</sup> finger. This abrasion exposes the underlying phalanx bone.

On the left upper extremity is a 4 ½" cluster of violet contusions, some rounded, at the medial aspect of the arm with a 1 ½" violet contusion at approximately the same level on the posterior aspect of the arm. Below the left elbow are two ½" violet contusions which lie just above a 2 ½" area of superficial red based abrasion on the forearm. At the posterior aspect of the left wrist are faint transverse linear superficial abrasions with contusion. Dissection of the underlying soft tissue reveals a ½" violet contusion at the medial aspect.

On the right lower extremity is a ½" violet contusion at the distal lateral right thigh and there is a 1" violet contusion on the right shin.

On the left lower extremity there are scattered focally abraded contusions on the shin ranging in size from ¼" to 1 ¼". Dissection of the soft tissue at the left ankle reveals a ½" violet contusion medially.

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

#### **INTERNAL EXAMINATION:**

**Head:** The scalp shows the previously noted contusion. The skull is free of fracture. There is no epidural, subdural, or subarachnoid hemorrhage. The 1350 gram symmetrical brain has a normal distribution of cranial nerves, and the cerebral vessels are without lesion. The white and gray matter are normally distributed; the ventricles are unremarkable. The substantia nigra is normally pigmented. The pons, medulla, and cerebellum are unremarkable.

**Neck:** The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and the paratracheal soft tissues are without injury except as noted above. The strap muscles of the neck are free of hemorrhage. The upper airway is not obstructed. The tongue is unremarkable. It is free of bite marks and contusions. The musculature of the posterior aspect of the neck is unremarkable except for the previously noted gunshot injury in the lower cervical spine.

**Body Cavities:** The organ situs is normal. There are no abnormal fluid accumulations in the left pleural or pericardial cavities. There are no adhesions. No tension pneumothorax is noted.

**Cardiovascular System:** The aorta show yellow atheromatous plaques in its thoracic and abdominal segments. The venae cavae and pulmonary arteries are without thrombus or embolus. The 390 gram heart has a normal distribution of right predominant coronary arteries. The epicardial coronary vessels are free of atherosclerosis and thrombi. The left anterior descending artery pursues a brief intramyocardial course at its mid segment. The myocardium is uniformly reddish-brown without hemorrhage, softening, pallor, or fibrosis. The left ventricle is 1.1 cm thick; the right ventricle is 0.4 cm thick. The endocardial surfaces and cardiac valves are not remarkable.

**Respiratory System:** The right lung weighs 520 grams; the left lung weight 540 grams. Both are dark purple with decreased aeration noted in the right lung. The left lung is normally crepitant. The parenchyma is free of consolidation and mass lesions. There is no significant aspiration pattern. The vessels are unremarkable. The bronchi are not obstructed. On section the cut surface exudes no fluid.

**Liver, Gallbladder, and Pancreas:** The liver weighs 1420 grams and is unremarkable except for injury. The gallbladder is intact and unremarkable and contains 35 ml of greenish-brown fluid bile without stones. The extrahepatic bile ducts are unremarkable. The pancreas is tan, lobulated and of the usual consistency. It is free of hemorrhage, necrosis, and calcification.

**Hemic and Lymphatic System:** The 100 gram spleen has a dark purple, intact, smooth capsule and firm, dark red parenchyma without visible white pulp. There is no lymph node enlargement.

**Genitourinary System:** The right kidney weighs 130 grams; the left kidney weighs 140 grams. Both have smooth subcapsular surfaces with well demarcated cortices and medullae and general pallor. The pelves and vasculature are unremarkable. The ureters maintain uniform caliber into an unremarkable bladder containing approximately 2 ml of cloudy tan 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 75 ml of tan viscous opaque fluid without solid food or pills. The small intestine, appendix, and large intestine are unremarkable.

**Musculoskeletal System:** There are no fractures of the vertebrae (except as noted), clavicles, ribs (except as noted), sternum, or pelvis. The musculature is normally distributed and unremarkable except for injury. Incision of the wrists and ankles shows hemorrhage as previously noted with no hemorrhage identified at the right ankle. There are minimal degenerative changes of the lower thoracic spine.

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

**Microscopy:** None submitted.

**OPINION:** It is my opinion that Demond Labron Eskridge, a 42 year-old black man, died as a result of gunshot wounds of the trunk with injury of his lung, liver, and spine during the course of legal intervention.

**CAUSE OF DEATH:** Gunshot wounds of the trunk with injuries of lung, liver, and spine.

**MANNER OF DEATH:** Homicide.



Thomas P. Gilson, M.D.  
Medical Examiner



Date

CM  
Dictated: 6/5/22  
Transcribed: 6/6/22