



KENT E. HARSHBARGER, M.D., J.D., M.B.A.
CORONER
MONTGOMERY COUNTY, OHIO

**POSTMORTEM EXAMINATION
OF THE BODY OF**

Eric Cole
Case # - 21-3223
Montgomery County

- I. Blunt force trauma of the torso:
 - A. Abrasions of the shoulders, back and left lower chest.
 - B. Laceration of the left shoulder/back.
 - C. Fracture of the sternum and multiple ribs (left, 1-10).
 - D. Left hemothorax (approximately 100 mL).
 - E. Reported clinical history of left hemopneumothorax (1,000 mL), right pneumothorax, left upper lobe lung laceration with disruption of bronchus:
 1. Status post left thoracotomy, left upper lobe tractotomy, and exploratory laparotomy.
- II. Blunt force trauma of the extremities:
 - A. Contusion of the right arm.
 - B. Abrasions of the arms, left knee, and legs.
- III. Gunshot wound of the left arm:
 - A. Entrance: posterior left arm, no soot or stippling, indeterminate or distant range of fire.
 - B. Pathway: through the skin and soft tissue of the left arm.

- C. Recovery: deformed projectile from anterior left arm.
- D. Direction: back to front and downward.
- IV. Toxicology analysis reveals the presence of ethanol and cocaine, in hospital blood. (See separate toxicology report.)

OPINION

It is my opinion that the cause of death of Eric Cole is:
Blunt force trauma of the torso.

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

Susan L. Brown
Susan L. Brown, D.O., Forensic Pathologist
Deputy Coroner, Montgomery County, Ohio

8/23/2021
Date

A postmortem examination of the body of a 42-year-old black male, identified as Eric Cole, is performed at the Montgomery County Coroner's Office on June 14, 2021. The examination is conducted by Susan L. Brown, D.O., and is begun at 7:01 a.m.

ATTENDANCE:

In the performance of their usual and customary duties, Autopsy Assistants Megan Senters, Haley Phillips, and Photographer Miles Warren are present during the autopsy.

CLOTHING:

The body is received unclad.

PROPERTY:

No valuables accompany the body.

IDENTIFICATION TAGS:

A Montgomery County Coroner's Office morgue identification band is around the right ankle. A hospital identification band is around the left great toe.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, adult black male; 152 pounds and 72 inches, whose appearance is appropriate for the reported age. The body is cool to touch. Rigor mortis is absent. Livor mortis is faint, posterior, and blanches with pressure.

The scalp hair is black, 1/8 inch in maximum length. The irides are brown. The sclerae and conjunctivae are clear. The nose and ears are not unusual. A mustache and beard are present. The teeth are natural and in adequate repair. The tongue appears normal.

The neck is unremarkable. The thorax is well developed and symmetrical. 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 with injuries described below.

IDENTIFYING MARKS:

Identifying marks include multiple design tattoos on the neck, chest, right upper extremity, and left upper extremity.

A 6 inch well-healed scar is on the left leg, multiple well-healed scars are on the left knee (1/4 to 1/2 inch each), a 2 inch well-healed scar is on the posterior right thigh, and multiple well-healed scars are on the right knee (1/4 to 1 inch each).

EVIDENCE OF MEDICAL INTERVENTION:

Evidence of medical intervention includes an oral endotracheal tube, oral gastric tube, indwelling catheters (right forearm and wrist, left forearm and wrist, right chest, and left groin), a cervical collar, blood pressure cuffs around both arms, gauze on the forearms, compression sleeves around both legs, a Foley urinary catheter, chest tube in the right lateral chest, pulse oximeter on the left index finger, and surgical sutures on the left side of the chest and abdomen (status post thoracotomy and exploratory laparotomy). Internally, the left upper lobe of the lung has multiple surgical clips.

EVIDENCE OF INJURY:

Blunt force trauma of the torso:

Multiple abrasions are on the shoulders/upper back, 1/8 to 7 inches each. A 1/4 inch laceration is on the left upper back/shoulder. Multiple abrasions are in the midline of the middle back, 1/2 to 3 inches each. Multiple abrasions are on the left lower chest, 1/4 to 1 1/2 inch each. The sternum is fractured and multiple ribs are fractured (left ribs 1 through 10). Approximately 100 mL of blood is in the left chest cavity with reported clinical history of hemopneumothorax. The left upper lobe of the lung has multiple surgical clips. The left lower lobe appears contused.

Blunt force trauma of the extremities:

A 2 inch purple contusion is on the right arm. Two abrasions are on the posterior right arm, 1/4 to 1 inch each. Multiple abrasions are on the left arm (9 inches in aggregate). A 1/4 inch abrasion is on the right leg, a 1/4 inch abrasion is on the left knee with multiple abrasions on the left leg, 1/4 to 3/4 inch each.

Gunshot wound of the left arm:

- A. Wound of entrance: On the posterior left arm, 5 inches below the top of the left shoulder and 11 inches above the left elbow, is an entrance gunshot wound consisting of a 1/2 inch defect with a marginal abrasion.

Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

- B. Pathway: The wound path is through the skin and soft tissue of the left arm.
- C. Recovery: A deformed projectile is recovered from the anterior left arm, subcutaneous.
- D. Direction: The direction of the wound is from the decedent's back to front and downward.

INTERNAL EXAMINATION:

The internal organs are of normal anatomic distribution. No adhesions are in the body cavities. Approximately 100 mL of blood is in the left chest cavity.

CARDIOVASCULAR SYSTEM:

The heart is 305 grams. The pericardial sac has been previously opened (status post surgical intervention). Coronary arteries arise normally with no significant atherosclerotic stenoses. The chambers and valves have the usual size and position relationship. The right ventricular wall thickness is 0.5 cm; the interventricular septum thickness is 2 cm; the left ventricular wall thickness is 1.6 cm. The myocardium is uniform 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 730 grams, the left lung is 940 grams. The tracheobronchial tree is patent. Pleural surfaces are translucent, smooth, and glistening. The pulmonary parenchyma is pink-tan to dark red-purple with surgical staples in the left upper lobe. Pulmonary arteries and veins are normally developed and patent.

DIGESTIVE/HEPATOBIILIARY SYSTEM:

The esophagus is lined by intact tan-white smooth mucosa. The gastric mucosa is flattened and the lumen contains approximately 20 mL of tan-black fluid. The small and large intestines are unremarkable. The mesentery and omentum appear normal. The colon contains formed stool. The pancreas has the usual tan lobulated appearance.

The liver is 1490 grams and has a smooth, intact capsule covering red-brown parenchyma. The gallbladder contains approximately 30 mL of bile with no gallstones.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands are unremarkable.

GENITOURINARY SYSTEM:

The normal-shaped kidneys together are 310 grams. The capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, cortical surfaces. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder is catheterized and the Foley collection device holds approximately 10 mL of urine. The bladder 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 105 grams and has a smooth intact capsule covering red-purple parenchyma. The regional lymph nodes have the usual distribution and appearance. The bone marrow (rib ends) is red-brown and homogeneous, without focal abnormality.

MUSCULOSKELETAL SYSTEM:

Aside from the previously-described injuries, 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 1460 grams. The dura mater and falx cerebri are intact, and the leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, 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 brainstem and cerebellum are unremarkable.

SPECIAL STUDIES:

Postmortem radiographs reveal a projectile in the left arm, which is recovered at autopsy.

MICROSCOPIC EXAMINATION

LUNGS: Congestion and scattered hemosiderin-laden alveolar macrophages.

LIVER: Focal periportal inflammatory cells.

HEART, PANCREAS, KIDNEY, SPLEEN, BRAIN, ADRENAL GLAND, THYROID GLAND, AND PITUITARY GLAND: No significant histopathologic abnormality in sections examined.

SLB:sm
8/11/2021



Montgomery County Coroner's Office
361 West Third Street, Dayton, Ohio 45402
Kent E. Harshbarger, M.D., J.D., M.B.A., Coroner

LABORATORY REPORT

TO: Montgomery County Coroner's Office
Dr. Susan Brown, D.O.
Coroner Case Number: **21-3223**
Decedent: Cole, Eric

Request Started: 6/15/21
Request Completed: 7/15/21
Toxicology Case Number: 21-005805

Submitted Evidence

Submission 001: Fluids taken from morgue refrigerator.
001 a: Heart blood (grey)
001 b: Femoral blood (grey)
001 c: Femoral blood (purple)
001 d: Urine
001 e: Vitreous
001 f: Femoral blood (red)
001 g: Hospital blood (blue) 6/14/21 @ no time observed
001 h: Hospital blood (purple) 6/14/21 @ no time observed
001 i: Hospital blood (green) 6/14/21 @ no time observed
001 j: Hospital plasma (mint PST) 6/14/21 @ no time observed

Toxicology Service Requested: A Service

Presumptive Drug Screen Results

Drug or Drug Screen	Result	Test Method
Results for: Hospital blood (green) 6/14/21 @ no time observed		
Volatiles Screen	Positive	GC-Headspace
Results for: Hospital plasma (mint PST) 6/14/21 @ no time observed		
Drugs of Abuse Screen	Positive	LC/MS/MS

Confirmation Results

Analyte Name	Concentration	Specimen Type	Method
Benzodiazepines			
7-aminoclonazepam	45 ng/mL	Hospital blood (purple) 6/14/21 @ no time observed	LC/MS/MS
Marijuana			
11-carboxy-tetrahydrocannabinol, Free	< 4.0 ng/mL	Femoral blood (grey)	LC/MS/MS
11-carboxy-tetrahydrocannabinol, Free	< 4.0 ng/mL	Hospital blood (blue) 6/14/21 @ no time observed	LC/MS/MS
Stimulants			
Benzoylcegonine	690 ± 120 ng/mL	Hospital blood (blue) 6/14/21 @ no time observed	LC/MS/MS
Cocaethylene	< 25 ng/mL	Hospital blood (blue) 6/14/21 @ no time observed	LC/MS/MS
Cocaine	27 ± 5 ng/mL	Hospital blood (blue) 6/14/21 @ no time observed	LC/MS/MS
Ecgonine Methyl Ester	161 ng/mL	Hospital blood (blue) 6/14/21 @ no time observed	LC/MS/MS
Volatiles			
Ethanol	0.173 ± 0.014 gm%	Hospital blood (green) 6/14/21 @ no time observed	GC Headspace
Ethanol	0.189 ± 0.016 gm%	Hospital plasma (mint PST) 6/14/21 @ no time observed	GC Headspace

Specimen quantity insufficient for B service.

A detailed list of drugs detected by this laboratory can be found on our website at the following link :

<http://bit.ly/drugsdetected>

A Service: Consists of screening tests for volatiles by headspace GC (ethanol, methanol, acetone, and isopropanol) and drugs by LCMSMS for 7-aminoclonazepam, alprazolam, amphetamine, benzoylcegonine, buprenorphine, carboxy-THC, fentanyl, hydrocodone, hydromorphone, loperamide, lorazepam, MDA, methadone, methamphetamine, midazolam, morphine, naloxone, naltrexone, nordiazepam, oxazepam, oxycodone, oxymorphone, PCP, temazepam, isotonitazene, bromphine, hydroxyPCP, hydroxyPCE, chloroPCP, 8-aminoclonazepam, acetylfentanyl, carfentanil, tetrahydrofuran fentanyl, methoxyacetyl fentanyl, benzyl fentanyl, iso/butyryl fentanyl, fluorofentanyl, and iso/valeryl fentanyl. Confirmations and quantitations are performed on positive screens when appropriate.

B Service: Consists of an **A Service** and a general screen for drugs and other substances by GC/MS. Confirmation and quantitation are performed on positive screens when appropriate.

Specific tests are also performed as appropriate.

Any analyte on this report with a result including the symbol < is positive, but below the limit of quantitation. Drug screen positives without confirmatory testing and/or drugs identified as "Presumptive I.D." have not been confirmed. A result of "not detected" indicates that the drug or class of drugs was not present at a level greater than the limit of detection for the test/instrument. Samples found to be "unsuitable for analysis" possess properties that inhibit or prevent the sample from being analyzed successfully for a drug or class of drugs.

Unless otherwise indicated, the specific isomer of any reported substance was not determined.

Estimations of the measurement uncertainty appearing on this report are at a 95.45% coverage probability.
Estimations of the measurement uncertainty for all other quantitative values on this report are available upon request.

Additional testing will be performed upon request.

All samples will be retained at the laboratory for one year. Samples and packaging will be destroyed after a year unless the agency requests for the sample to be returned or to be held in long-term storage.

Respectfully,

A handwritten signature in black ink, appearing to read "Matt Juh", with a long horizontal flourish extending to the right.

Matthew Juhascik, F-ABFT
Chief Forensic Toxicologist