

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



**TOXICOLOGY LABORATORY FINAL REPORT**

Report Date: 03/14/2022

Individual: Edwards Jr., Zachery

CCRFSL Case: 2022-000887

Submitting Agency: Cuyahoga County Medical Examiners Office

Agency Case: IN2022-00237

Agency Representative: Antoine Wrice

Address: 11001 Cedar Avenue, Cleveland, OH 44106

**Specimen(s) Received**

Lab Item #	Description	Receipt/Accessioning Date
019	Femoral Blood 1	01/28/2022
020	Heart Blood 1	01/28/2022
021	Urine 1	01/28/2022
022	Bile 1	01/28/2022
023	Vitreous Humor 1	01/28/2022
024	Vitreous Humor 2	01/28/2022
025	Gastric Contents	01/28/2022
026	Long Term Storage 1	01/28/2022
027	Long Term Storage 2	01/28/2022
028	Long Term Storage 3	01/28/2022
029	Liver 1	01/28/2022
030	Brain 1	01/28/2022

Item: 019: Femoral Blood 1		
Drug Group/Class	Result	Quantitation
<b>Basic Drugs by GC/MS</b>		
Caffeine	Positive	
<b>ELISA</b>		
SEE CONFIRMATION	None Detected/Not Performed	
<b>Volatiles Screening and Confirmation by GC/FID</b>		
None Detected		

Item: 021: Urine 1		
Drug Group/Class	Result	Quantitation
<b>Basic Drugs by GC/MS</b>		
Caffeine	Positive	



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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.



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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

**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, Cocaethylene

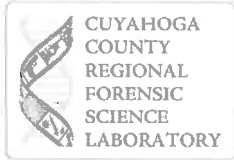
**CANNABINOIDS CONFIRMATION by LC-MS/MS:**  $\Delta$ 9-THC, 11-OH- $\Delta$ 9-THC (marijuana metabolite), 11-nor- $\Delta$ 9-THC-COOH (marijuana metabolite).  
**CANNABINOIDS CONFIRMATION by GC/MS:** TOTAL 11-nor- $\Delta$ 9-THC-COOH (marijuana metabolite)

**OPIOIDS CONFIRMATION by GC/MS:** Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Oxycodone; Oxycodone; 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, Flurazepam, 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), 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, Brophine, 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: IN2022-00237**

**REPORT OF AUTOPSY OF: Zachery Lamarr Edwards Jr.  
ADDRESS: 3262 East 146th Street, Cleveland, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **28th** day of **January, 2022** at **9:00 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Zachery Lamarr Edwards Jr.**

The following is the report of autopsy to the best of my knowledge and belief: This person was a **male, never married**, aged **36 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **65 inches** in height, weighing **112.5 pounds**; a native of **Japan**.

**ANATOMIC DIAGNOSES:**

- I. Gunshot Wound of Head
  - A. Entrance: left parietal scalp with evidence of contact-range discharge of a firearm (stellate defect with muzzle abrasion, internal gross soot and microscopic gunpowder particle deposition)
  - B. Injury: left parietal bone, left cerebral hemisphere and occipital bone
  - C. Exit: left occipital scalp
  - D. Direction: front to back and downwards
  - E. Associated Injuries: deep scalp and subgaleal hemorrhage; calvarial and basilar skull fractures with right periorbital ecchymosis; diffuse subarachnoid hemorrhage; cerebral cortical contusions; and hemorrhage throughout the wound path
  
- II. Additional injuries
  - A. Abraded contusion, lower lip
  - B. Abrasions, right forearm

**Cause of Death:** Gunshot wound of head.  
HOMICIDE.

Antoine Wrice, M.D.  
(Name of Pathologist)

Pathologist Signature

**Zachery Lamarr Edwards Jr.**  
(Name of Deceased)

Cuyahoga County Medical Examiner, M.D.

### GROSS ANATOMIC DESCRIPTION

**PERSONS PRESENT AT AUTOPSY:** Dr. Elizabeth Mooney, D.O. was present during the autopsy.

**IDENTIFICATION:** The body is identified by Cuyahoga County Medical Examiner tags attached to the left great toe. An additional medical identification bracelet is present on the right wrist.

**EXTERNAL EXAMINATION:** The body is that of a well-developed, well-nourished Black male, whose appearance is compatible with the reported age of 36 years. The body weighs 112.5 pounds and is 65 inches in length.

The body is received unclad. Rigor mortis is present and full. Lividity is purple-pink and fixed, present on the posterior surface of the body, except in areas exposed to pressure. The skin temperature is cold due to a period of refrigeration.

Injuries to the head are described below (see "Evidence of Recent Injury"). The scalp hair is approximately 3" long, black and wavy. Facial hair consists of a short black moustache and beard. The conjunctivae are tan-white. The sclerae are white. The corneas are clear. The irides are brown. The external auditory canals and oral cavity are free of foreign material and abnormal secretions. There is dried blood in the external nares. The teeth are natural and in good condition. The facial bones are palpably intact. The neck is atraumatic and of normal configuration. The chest is of normal male configuration and there are no palpable masses. The abdomen is flat. The extremities appear normal and the joints are not deformed. The skin is of normal pliability and texture. There are multiple scattered punctate and linear, healing abrasions of the bilateral legs. All digits are present; the fingernails are short, clean, and intact. The external genitalia are of a normal adult male conformation; the testes are bilaterally descended within the scrotum. The posterior torso is without note; the anus is unremarkable.

#### SCARS AND OTHER IDENTIFYING MARKS:

There are multiple scattered irregular scars, up to ½", on both sides of the upper and mid back.

#### EVIDENCE OF RECENT THERAPY:

Evidence of medical intervention includes an indwelling endotracheal tube, electrocardiogram pads on the left side of the upper chest and abdomen, and the anterior right shoulder, a triple lumen intravascular catheter of the left groin, gauze wrapped circumferentially around the head, an intravascular catheter of the right neck and an intraosseous catheter in the left shoulder.

#### EVIDENCE OF RECENT INJURY:

##### I. Gunshot Wound of Head

On the left parietal scalp, located ½" below the top of the head and 1 ½" to the left of midline is a ½" x 3/16" ovoid gunshot wound of entrance with a ⅛" wide, partially circumferential abrasion on the skin adjacent to the margin, widest from 2-7 o'clock. There are multiple radiating lacerations extending from the defect at the 12, 3 and 6 o'clock margins. The overall dimension of the defect is 1 ½" x 1". There is an additional oval abrasion measuring ¼" x ¼" present at 11 o'clock, approximately 3/8" from the entrance wound defect. Black particulate matter is present in the soft tissue of the wound immediately overlying the calvarium, consistent with soot. No gunpowder stippling is on the skin surrounding the gunshot wound.

The bullet injures the left parietal scalp, left parietal bone (with internal beveling), left cerebral hemisphere, left side of the occipital bone (with external beveling), and left occipital scalp.

On the left side of the occipital scalp, located 4 ¾" below the top of the head and 1 ¼" to the left of posterior midline is a re-approximating, 5/8" x 3/16", lacerated gunshot wound of exit. No bullet or bullet fragments are recovered. The bullet travels front to back and downwards with minimal significant right/left variation.

Name: Zachery Lamarr Edwards Jr.

Injuries associated with the gunshot wound include: wound and fracture-associated deep scalp and subgaleal hemorrhage; radiating fractures of the calvarium and basilar skull with right periorbital ecchymosis; diffuse subarachnoid hemorrhage; cortical contusions of the left cerebral hemisphere and inferior right frontal lobe of the brain; and hemorrhage throughout the wound path.

II. Additional injuries

There is a discontinuous abraded contusion of the lower lip mucosa ( $\frac{1}{2}$ " x  $\frac{1}{4}$ " area), and two (2) punctate abrasions of the medial, proximal right forearm.

**INTERNAL EXAMINATION:**

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

**BODY CAVITIES:** The viscera of the thoracic and abdominal cavities occupy their normal sites. The serosal surfaces are smooth and glistening. No abnormal fluid collections are present within the pericardial sac, right or left thoracic cavities or abdominal cavity. There are no abnormal adhesions or masses present. The subcutaneous fat layer of the abdominal wall is  $\frac{1}{4}$ " thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

**HEAD/CENTRAL NERVOUS SYSTEM:** "See Evidence of Recent Injury". The dura is smooth and glistening. The leptomeninges of the brain are translucent. The convexities of the cerebral hemispheres are symmetrical. The cerebrum has normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The arteries at the base of the brain and the roots of the cranial nerves are unremarkable. The uninjured cut surfaces of the cerebral hemispheres have a grossly normal cortical ribbon and underlying white matter. The basal ganglia have no gross abnormalities. The cerebellum and brainstem have no gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. The brain weighs 1040 grams. The spinal cord is removed and is unremarkable on sectioning.

**NECK:** A separate, layered dissection to the anterior and posterior neck is performed. Examination of the soft tissues of the neck, including the strap muscles and large vessels, reveals no abnormalities. The laryngeal and tracheal mucosa are smooth and tan. The cervical spine, hyoid bone, and tracheal cartilage are intact. No fractures are identified. The neck is stable on internal palpation.

**CARDIOVASCULAR:** The pericardial surfaces are smooth, glistening, and unremarkable; the pericardial sac is free of significant fluid or adhesions. The heart is normal in configuration. The coronary arteries arise normally, follow a right-dominant pattern of distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The epicardium is smooth and glistening with a normal amount and distribution of epicardial fat. The cardiac chambers and valves exhibit the normal positional relationship; the valves are thin, pliable and unremarkable. The septa are intact and there are no gross congenital abnormalities. The left ventricular free wall measures 1.3 cm, the interventricular septum 1.4 cm, the right ventricle 0.3 cm in thickness, and the left ventricular cavity 2.2 cm in diameter. The myocardial cut surfaces have the usual brown appearance throughout without gross evidence of fibrosis or necrosis. The heart weighs 270 grams.

The great vessels connect to the heart in a normal fashion. The aorta and its principal branches are patent throughout with no thrombi, areas of erosion, or zones of significant narrowing present. There are no atherosclerotic plaques of the aorta. The vena cava and major tributaries are free of thrombi or other abnormality.

**RESPIRATORY:** The upper and lower airways are free of foreign material or obstruction; the mucosal surfaces are smooth, tan-pink and unremarkable. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening with a minimal amount of brown-black pigment deposition beneath the surfaces. The cut surfaces are pink-red, crepitant and mildly congested, exuding small amounts of bloody fluid and edema; no focal lesions are noted. The pulmonary arteries are free of emboli or thrombi; the remaining pulmonary vessels are unremarkable. The right lung weighs 230 grams; the left 210 grams.



**RETICULOENDOTHELIAL:** The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening, covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The lymph nodes are not enlarged. Residual thymic tissue is present consisting of lobulated, tan-yellow parenchyma with partial fat replacement. The spleen weighs 60 grams.

**DIGESTIVE:** The tongue exhibits no evidence of recent injury. The esophagus is free of lesions. The stomach has a normal configuration with smooth and glistening serosal surfaces. The gastric mucosa is arranged in the usual rugal folds; the lumen contains an estimated 50 ml of gastric fluid without identifiable foreign objects or pills. There are no areas of ulceration or abnormalities. The small bowel, the colon and the rectum are normal in appearance. The appendix is unremarkable.

**HEPATOBIILIARY:** The liver is normal in configuration. The liver capsule is smooth and glistening, covering tan-brown, firm, minimally congested parenchyma with no identifiable lesions. The gallbladder is of normal size and configuration and contains thin bile without evidence of calculi. The wall is thin, and the mucosa is bile-stained and velvety. The liver weighs 890 grams.

**GENITOURINARY:** The right and left kidneys are similar. The capsules are stripped with ease from the underlying smooth cortical surfaces and the renal cortices are of normal thickness. The cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The renal arteries and veins are patent and free of narrowing lesions. The right kidney weighs 100 grams; the left 110 grams.

The testes, prostate gland and seminal vesicles are without note. The urinary bladder is of normal configuration and contains approximately 20 ml of urine. The mucosa is intact and free of ulcerations or lesions.

**ENDOCRINE:** No abnormalities are present in the pituitary, thyroid or adrenal glands. The pancreas is soft and normally lobulated; the cut surfaces are tan-brown with no identifiable gross lesions.

**MUSCULOSKELETAL:** The musculature is firm, red-brown and normally developed. No fractures are identified within the clavicles, sternum, ribs, spine, or pelvis. Incision of the wrist and ankle subcutaneous tissues is negative for hemorrhage.

**MICROSCOPIC EXAMINATION:**

<b>HEART:</b>	Mild myocyte hypotrophy and perivascular fibrosis
<b>LUNGS:</b>	Mild patchy emphysematous and chronic reactive airway changes; rare foci of non-specific intravascular and intra-alveolar birefringent foreign material
<b>LIVER:</b>	No significant pathologic changes
<b>KIDNEY:</b>	No significant pathologic changes; no birefringent foreign material present when visualized under polarized light
<b>SCALP (Entrance wound):</b>	Single refractile, circular gunpowder particle embedded within the subcutaneous tissue at wound margin; no soot identified on section submitted

**TOXICOLOGICAL ANALYSIS:**  
See separate Toxicology Report.

**CAUSE OF DEATH:** Gunshot wound of head.

**MANNER OF DEATH:** Homicide.

Case: IN2022-00237

County: Cuyahoga

Name: Zachery Lamarr Edwards Jr.

Based on all information known to me at this time, it is my opinion that **ZACHERY LAMARR EDWARDS, JR.**, a 36 year old black man, died as the result of a **GUNSHOT WOUND OF HEAD**. The circumstances surrounding the death, as determined by the investigative and postmortem findings, indicate that the manner of death is **HOMICIDE**.



Antoine Wrice, M.D.

4/11/22

Date