



**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: IN2022-01648**

**REPORT OF AUTOPSY OF: Maalik Amir Roquemore  
ADDRESS: 4624 West 174th Street, Cleveland, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **6th** day of **September, 2022** at in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Maalik Amir Roquemore**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **male**, **never married**, aged **32 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **69 inches** in height, weighing **141 pounds**; a native of **Cleveland, Ohio**.

**FINAL DIAGNOSES:**

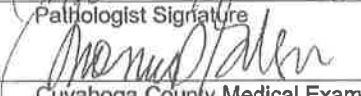
- I. Penetrating gunshot wound of left flank/back with
  - A. Fractures of ribs and vertebra
  - B. Perforations of lung, diaphragm, stomach, and colon
  - C. Contusion of pancreas
  - D. Hemothorax, clinical, and postmortem (500 ml.)
  - E. Bullet recovered
  - F. Direction: front to back, left to right, and downward
- II. Penetrating gunshot wound of left hip with
  - A. Fractures of pelvis and sacrum
  - B. Soft tissue hemorrhage
  - C. Bullet recovered
  - D. Direction: front to back, left to right, and downward
- III. Status post right orbital trauma, subacute, anamnestic
- IV. Abrasions and contusions, trunk and extremities
- V. Status post attempted resuscitation

**Cause of Death:** Gunshot wounds of trunk.  
HOMICIDE.

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

  
Pathologist Signature

**Maalik Amir Roquemore**  
(Name of Deceased)

  
Cuyahoga County Medical Examiner

,M.D.

## AUTOPSY REPORT

**NAME:** Maalik Amir Roquemore

**CASE#:** IN2022-01648

I hereby certify that I, Thomas Gilson, M.D., Medical Examiner, have performed an autopsy on the body of Maalik Amir Roquemore on the 6<sup>th</sup> day of September, 2022, commencing at 9:25 a.m. in the mortuary of the Cuyahoga County Medical Examiner's Office.

The body is identified by Medical Examiners tags attached to the right great toe. A hospital identification tag is attached to the left great toe and a hospital identification bracelet is at the left wrist bearing the medical record number 10325684 and the name "XQUEBEC, ZIONSVILLE K".

The body is received in a secured fashion. The scene of incident is personally viewed by this pathologist.

### EXTERNAL EXAMINATION:

The body is of a well-developed, well nourished, 69 inch, 141 pound, black man, whose appearance is consistent with the reported age of 32 years.

Wiry black scalp hair measures up to 2"; mustache and beard hair measure up to ½". 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 with intact frenula. The facial bones are intact to palpation. The ears and neck are unremarkable. The trachea is in the midline.

The anterior and posterior aspects of the torso are normally developed. There are striae of the trunk. The upper and lower extremities are without palpable fractures, deformities, or edema. 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 faintly present at the back except for the pressure points. The body is cold.

Scars: There are scattered irregular scars of the forearms and arms that measure up to ¼". There is multifocal irregular scarring around the right eye area. In the middle of the chest is a ¾" round scar. On the lower back near the midline is a ½" scar and there is a 1" scar on the lower left back. On the anterior aspect of the upper right arm is a ½" scar. Near the top of the left shoulder is a ¾" scar with smaller scars nearby. In the left antecubital fossa is a ½" scar over a superficial venous distribution. There is a ½" scar at the antero-lateral left forearm. On the back of the left hand is a ¾" scar and there is a hypopigmented area in the web space between the thumb and index finger. On the back of the right hand near the knuckles are multiple scars measuring up to ½". On the lateral right thigh is a ½" round scar and there is a 1" scar near the right knee with a 2 ½" scar of the upper right shin below it. There are a few scattered irregular scars around the knees which measure up to ½".

Tattoos: Below the right eye there is apparent monochromatic tattoo of a tear. On the anterior aspect of the left forearm is a monochromatic tattoo of an Egyptian Princess head over partial illegible writing.

Clothing: When first viewed the decedent is naked. See Trace Evidence Report.

Therapeutic Procedures: An endotracheal tube with securing apparatus is present and properly positioned in the trachea. There is a puncture site on the left side of the neck with underlying subcutaneous soft tissue hemorrhage. A triple lumen catheter is in the left infraclavicular area. A catheter is in the right infraclavicular area which enters the soft tissue of the anterior chest but does not perforate into the right pleural cavity. Electrocardiogram leads and a defibrillator pad are on the anterior aspect of the chest. There is a right chest tube present. On the left side of the chest is an 8" thoracotomy incision which enters the left pleural cavity through the 5<sup>th</sup> intercostal space with disruption of the 6<sup>th</sup> costo-cartilage near the sternum and more generalized disruption of the 6<sup>th</sup> intercostal space along the incision track. Below the thoracotomy incision is a ½" oval defect which merges in the soft tissue with

thoracotomy track. This incision is consistent with a left thoracostomy, however, no chest tube accompanies the body to correspond to this. An anemic incision is noted at the lingula of the left lung. The pericardial sac has been opened. There is a puncture site above the right antecubital fossa and intravenous catheters are noted in the right antecubital fossa as well as the anterior aspect of the right forearm (totaling 3 in number). There are two puncture sites in the upper left arm. There is a large bore intravenous catheter in the left groin. An intra-osseous catheter is in the right shin.

**Injuries, Internal and External:** There are two penetrating 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" Penetrating gunshot wound of left back/flank:**

There is an entrance gunshot wound in the left back/flank area located 17" below the top of the head and 6 ½" to the left of midline. It is a ¼" defect with a margin of abrasion measuring up to ¾" superiorly. There is no soot or stippling visible on the skin adjacent to the entrance defect.

Path of the bullet: After perforating the skin and subcutaneous soft tissue the bullet continues through the postero-lateral aspect of the left 7<sup>th</sup> rib with complete disruption of the rib and adjacent underlying 8<sup>th</sup> intercostal space (as well as a grazing injury of the superior aspect of the left 8<sup>th</sup> rib) before perforating the lower lobe of the left lung and perforating the diaphragm with subsequent disruption of the fundus of the stomach and the transverse colon near the splenic flexure. After this the bullet continues through the soft tissues of the retroperitoneum passing near the tail of the pancreas (which is contused) and the left adrenal gland which shows hemorrhage in the adjacent soft tissue without overt disruption of the gland itself. The bullet exits the retroperitoneal space and fractures the left transverse process of the 2<sup>nd</sup> lumbar vertebra before lodging in the soft tissue of the back. The wound track is hemorrhagic. There is approximately 500 ml of blood with clot in the left chest cavity. The aorta and hemiazygos vein are intact and lie anterior to the wound path. There is a moderate amount of hemorrhage in the retroperitoneal soft tissues.

At the site of lodgment, a moderately deformed (with mushrooming at the nose), jacketed, apparently medium caliber bullet is recovered. It is now inscribed "M1" and submitted to evidence.

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

**"B" Penetrating gunshot wound of left hip:**

At the postero-lateral aspect of the left hip is an entrance gunshot wound centered 29" below the top of the head and 5 ½" to the left of midline. It is a ¼" defect with a margin of abrasion measuring up to ¼" superiorly. There is no soot or stippling visible of the skin adjacent to the entrance wound.

Path of the bullet: After perforating the skin and subcutaneous soft tissue the bullet continued through the soft tissues of the left hip before striking the posterior aspect of the left ileum and continuing to strike the posterior aspect of the sacrum before lodging in the soft tissue of the upper left buttock. The wound track is hemorrhagic. There are displaced fragments of bone along the wound path.

At the site of lodgment, a moderately deformed (with mushrooming at the nose), jacketed, apparently medium caliber bullet is recovered. It is now inscribed "M2" and submitted to evidence.

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

**Additional injuries:** On the upper lip to the right of midline is a 1/16" superficial abrasion with a ¼" superficial abrasion of the lower lip adjacent to it (Comment: these may represent antemortem trauma but lie associated with the endotracheal tube described above and may represent therapeutic change). In the right infraclavicular area is a ¼" superficial abrasion. In the left lower quadrant of the abdomen are two punctate, red-based abrasions. On the left side of the chest below the thoracotomy defect and additional defect described above is a ½" red-based abrasion. On the upper back near the midline is a ¾" crusted superficial abrasion. Dissection of the posterior aspect of the neck is unremarkable and extension into the soft tissues of the upper back reveals hemorrhage around the previously noted left flank/back gunshot wound as well as a 2" area of superficial contusion in the right midback near the spine. On the lower right side of the back closer to the buttocks is

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a 1/4" red-based abrasion. On the right thumb is a 3/4" superficial abrasion near the interphalangeal joint. There is a 1/16" superficial abrasion in a similar location at the lateral aspect of the left thumb. Dissection of the soft tissues of the wrists and ankles fails to demonstrate hemorrhage.

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, subdural, or subarachnoid hemorrhage. The 1380 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. The brain, in general, appears pale.

**Neck:** The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and the paratracheal soft tissues are without lesion except for hemorrhage under the previously described puncture site on the left side of the neck. 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 except as noted above. There are no adhesions.

**Cardiovascular System:** The aorta is free of atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus. The 320 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 1.3 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 430 grams; the left lung weighs 330 grams. Both have unremarkable parenchyma except for injury as noted above. They are free of consolidation and mass lesions. The vasculature is unremarkable. The bronchi are not obstructed. On section the cut surface exudes no fluid.

**Liver, Gallbladder, and Pancreas:** The 1340 gram liver has a smooth intact capsule with homogeneous brown parenchyma that is free of fibrosis and mass lesions. The gallbladder contains approximately 8 ml of greenish-brown fluid bile without stones. The extrahepatic bile ducts are unremarkable. The pancreas is unremarkable except as noted above.

**Hemic and Lymphatic System:** The 60 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 120 grams; the left kidney weighs 120 grams. Both have smooth subcapsular surfaces with well demarcated cortices and medullae. The pelves and vasculature are unremarkable. The ureters maintain uniform caliber into an unremarkable bladder containing approximately 5 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 of normal size, reddish-brown, and without nodularity. The adrenal glands are without obvious injury but show the previously noted hemorrhage adjacent to the left adrenal gland. They are otherwise unremarkable.

**Digestive System:** The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 10 ml of brown-tan mucus without solid food or pills. It is injured as noted above. The mucosa is otherwise unremarkable and free of ulceration. The small intestine, appendix, and large intestine are unremarkable except as noted above. There are no foreign bodies within the lumen of the small or large intestine.

**Musculoskeletal System:** There are no fractures of the vertebrae, clavicles, ribs, sternum, or pelvis except as noted above. The skeleton is otherwise unremarkable. The musculature is normally distributed. There is moderate degenerative change of the spine with a leftward scoliosis of the thoracic spine.

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**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:** Deferred.

**Radiology:** Radiographs of the body are made and retained.

**OPINION:** It is my opinion that Maalik Amir Roquemore, a 32 year-old black man, died as a result of two gunshot wounds of trunk. These were sustained during legal intervention.

**CAUSE OF DEATH:** Gunshot wounds of trunk.

**MANNER OF DEATH:** Homicide.



Thomas P. Gilson, M.D.  
Medical Examiner

9/30/22  
Date

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

CM  
Dictated: 9/7/2022  
Transcribed: 9/7/2022