



NORTHEAST INDIANA FORENSIC CENTER  
SAINT JOSEPH HOSPITAL LABORATORY  
700 BROADWAY, FORT WAYNE, IN 46802  
260-425-3762  
POSTMORTEM EXAMINATION  
FINAL REPORT

NAME: LOGAN, ERIC AUTOPSY NO: A19-340  
AGE (DOB): 53 (12/26/1965) SEX: MALE  
PERFORMED BY: D. L. WOLFE, M.D. DATE OF EXAM: 06/17/2019  
PERFORMED FOR: MICHAEL MCGANN  
ST. JOSEPH COUNTY CORONER

ANATOMIC FINDINGS:

- A. Gunshot wound of abdomen
1. Indeterminate range
  2. Front to back, downward, slight right to left
  3. Bullet recovered from deep subcutaneous tissue of right paraspinal tissues
  4. Injuries to liver, right adrenal, right anterior and posterior abdominal walls
  5. Status post-surgical intervention

TOXICOLOGY (NMS):

Blood is **positive** for ethanol (BAC 0.143%), THC-OH, THC-COOH, THC. Vitreous is **positive** for ethanol (VAC 0.086%). Urine is **positive** for cocaine/metabolite and cannabinoids.

CAUSE OF DEATH:

Gunshot Wound of Abdomen

MANNER OF DEATH:

HOMICIDE

*Dani L. Wolfe MD*

Finalized: 07-20-2019  
D. L. Wolfe, MD  
Board Certified Forensic Pathologist  
DLW/jj 06/26/2019

## POSTMORTEM EXAMINATION

A complete postmortem examination commences at 10:00 hours on 06/17/2019 on the body of Eric Logan (DOB 12/26/1965), a 53-year-old black male. Mr. Logan had suffered a gunshot wound. The time of death is 09:50 hours on 06/16/2019. The exam is done at the request of the St. Joseph County Coroner's Office.

### EVIDENCE & DOCUMENTS REVIEWED

The following evidence is reviewed in preparation of this report:

- NEIFC Information Sheet
- Verbal report of MHU representative
- Select medical records from Mr. Logan's post-injury hospitalization

### PRESENT FOR POSTMORTEM EXAM

Dr. D. Wolfe, MD (forensic pathologist); B. Wagner and T. Cordes (autopsy assistants); K. Karch (St. Joseph County MHU).

## EXTERNAL EXAMINATION

Identifying Features: The body bag (seal# 1789280) is opened to reveal an adult male appearing the reported age of 53 years. The body length is 6 feet 2 inches and the body weight is 269 pounds. The head hair is gray-white and 1-3 inches in length. The irides are brown. The pupillary diameter is 4 mm bilaterally. The facial hair is in the pattern of stubble.

#### Scars:

- Upper abdomen, 1 and 1.5 inches
- Right knee, 1 x 1 inch

#### Piercings:

- None

#### Tattoos:

- Right upper arm ("Bitch I'm Married")
- Right forearm (illegible)
- Abdomen (illegible, English letters)
- Left arm, "Mr. and Mrs. \$ Nine"
- Left back, jail image; mid-back, names
- Right hand dorsum, illegible

#### Birthmark/Skin:

- None

Clothing: None.

Other Property: None.

Medical Intervention: Right neck IV; bandage of mid-abdomen; compression stockings; Foley cath; left groin triple lumen; ETT strapped; NG tube; IV left wrist and left antecubital; IV right antecubital fossa; surgical clips are present throughout the liver and the area of the gallbladder; 3 large gauze towels are packed within the liver wound and under the liver; 9 additional small strips of fabric are packed within the wound.

Postmortem Changes: Rigor mortis is moderate throughout. Livor mortis is indistinct. The body is cool to the touch. There are no distinct odors. There are no signs of decomposition.

The body is normally developed and hygiene is fair. The cranial bones, facial bones, and mandible are intact to palpation. There is no material within the nares, the ear canals, or within the mouth. The upper and lower frenula are intact. There are no abnormalities of the lips, gums, or visible oral mucosa.

There is no hypermobility of the cervical spine or audible click upon movement of the head. There are no masses of the neck. There are no ligature marks. The supraclavicular fossae are unremarkable and free of masses. The clavicles are intact to palpation.

The chest is symmetric and there is no visible increase in anterior-posterior dimension. There are no masses of the breasts. There are no palpable abnormalities of the ribs, sternum, or soft tissues of the chest. The abdomen is protuberant and tense. A gunshot entrance wound is present (See Evidence of Injury). An 11 inch stapled surgical incision is present on the mid-abdomen, vertically oriented. The pelvis is stable to palpation. There is no trauma to the external genitalia. The penis is uncircumcised and the testes are descended within the scrotal sac.

The upper extremities are symmetric and free of fractures, malrotations, or dislocations. The fingernails are intermediate and the nail beds are dusky. A hospital ID band is present on the left wrist. The lower extremities are symmetric and free of fractures, malrotations, or dislocations. The toenails are short. The soles of the feet are clean. The skin of the posterior neck is unremarkable. There are no abnormalities of the skin of the back or the buttocks. There are no abnormalities of the perianal area.

#### EVIDENCE OF INJURY

#### GUNSHOT WOUND OF RIGHT ABDOMEN

- Entrance:** The bullet entered at the right upper abdomen, 19.5 inches below the scalp vertex, 11 inches below the top of the right shoulder, 4.5 inches right of midline, forming a 1.0 x 0.9 cm entrance wound. There is a 0.1 cm abrasion collar at the margin of the wound. There is not soot, powder tattooing or muzzle imprint.
- Pathway:** Skin and subcutaneous tissue of upper abdomen, lower right costal (rib) margin, right lobe of liver, gallbladder (surgically removed), right adrenal gland, right peri-renal tissue, right posterior abdominal wall (paraspinal), bullet comes to rest in the deep subcutaneous tissue of the right lower back, at the level of the L2 vertebral body.
- Exit:** There is no exit.
- Range:** Indeterminate.
- Direction:** Front to back, downward, slightly right to left.
- Evidentiary:** A bullet is recovered from the deep subcutaneous tissue of the right lower back and submitted to evidence collection by the Metro Homicide Unit detective that is present.

**Associated Injuries:** Extensive parenchymal damage of the liver, peri-adrenal hematoma, large peri-renal hematoma, right hemothorax (900 cc) and hemoperitoneum (400 cc). The operative report from Mr. Logan's post-injury hospitalization indicates that in addition to the liver injury, the gallbladder was perforated by missile injury. There was both venous and arterial injuries in the gallbladder and liver. He required 27 units of blood, fresh frozen plasma and platelets. The liver injury was packed at the time of surgery. A radiograph of the abdomen indicated a bullet fragment to the right of L2.

**Other injuries:**

- Abrasions of right hand dorsum (x2), 1 cm

### INTERNAL EXAMINATION

#### IN SITU EXAMINATION OF THE BODY CAVITIES:

The depth of the fat at the level of the panniculus:	2 inches.
Thymic remnant:	No.
Pleural adhesions:	No.
Pleural fluid:	Blood, right chest 900 cc.
Pericardium intact:	Yes.
Pericardial adhesions:	No.
Pericardial fluid:	Scant blood.
Peritoneal adhesions:	No.

Peritoneal fluid:	Blood, 400 cc.
Vertebral column:	Straight.
Posterior body walls:	Perforated by gunshot wound.
Aorta and large vascular branches:	Normal.
Odor:	None.

### HEART

The heart weighs 480 grams. The coronary arteries arise normally and course in their usual paths over the epicardial surface. Atherosclerotic occlusions are present as follows:

Left anterior descending artery: 10%

The myocardium is red-brown and homogeneous. There is no evidence of remote or acute infarct. There are no atrial or ventricular septal defects. The chordae tendineae and papillary muscles are intact. The valves are examined and are symmetrical. The valves have the expected number of leaflets and are thin and pliable without evidence of significant pathology. The following measurements are taken: Left ventricular free wall = 1.9 cm, interventricular septum = 2.5 cm, and right ventricular free wall = 0.5 cm.

### LUNGS

The right lung is 680 grams and the left lung is 710 grams. The external surfaces are red purple, smooth, and glistening. There are no clots in the vessels at the hila and no foreign bodies within the proximal airways. The parenchyma is reddish tan and soft. There are no signs of consolidations or masses.

### LIVER

The liver is 1,640 grams. The capsule is ruptured. The liver parenchyma is red-brown, homogeneous, but parenchyma is markedly disrupted by the path of the bullet. The gallbladder is absent due to surgical removal.

### SPLEEN & PANCREAS

The spleen is 220 grams. The capsule is smooth and intact. The spleen parenchyma is dark reddish purple and softened. There are no masses or malformations. The pancreas is normal in size and the parenchyma is tan-yellow and lobular. There are no masses, fibrosis, hemorrhages, or necrosis.

### GASTROINTESTINAL

The esophagus is lined by smooth pink-gray mucosa. The gastroesophageal junction is normal. The stomach contains scant red-brown liquid. The stomach mucosa is free of

masses or perforations. The small and large intestinal serosa are free of signs of necrosis, obstruction, or ischemia. The appendix is present and free of gross disease.

#### GENITOURINARY

The right adrenal gland is injured but the left adrenal is normal in size and there are no masses, malformations, or hemorrhages of this gland. The right kidney is 130 grams and the left kidney is 160 grams. The collecting systems are unremarkable. The urinary bladder is empty. The prostate is nodular and slightly enlarged and the testes are unremarkable.

#### NECK ORGANS

The anterior strap muscles are intact and free of hemorrhages. The thyroid is normal in size. The tracheal rings, cricoid cartilage, and thyroid cartilage are intact. The hyoid bone is not fractured. The epiglottis is normal. The mucosa of the larynx is tan-pink and free of masses, hemorrhages, or foreign bodies.

#### HEAD and BRAIN

There are no hematomas of the subcutaneous tissue, galea, and temporalis muscles. There are no fractures of the calvarium. The dura mater is intact and free of masses, hemorrhages, or signs of infection. The brain is 1,330 grams. The cerebral hemispheres are symmetrical and the gyri and sulci are normally arranged. The base of the brain is unremarkable. The vessels of the Circle of Willis are free of aneurysms. The cranial nerves are paired bilaterally. There are no abnormalities of the white matter. The cerebellum is symmetric and free of masses. The base of the skull is free of fractures, hemorrhages, or tumors.

#### MICROSCOPIC EXAMINATION

Tissues are submitted for microscopic examination as follows:

- A. HEART: Myocyte hypertrophy.
- B. LEFT LUNG: Focal mild chronic inflammation.
- C. RIGHT LUNG: Atelectasis with focal fibrosis.
- D. LIVER: No significant pathologic change  
SPLEEN: No significant pathologic change
- E. KIDNEYS: Focal obsolescent glomeruli and arteriolar thickening
- F. ADRENAL: No significant pathologic change  
PANCREAS: Complete autolysis.
- G. BRAIN: No significant pathologic change
- H. THYROID: No significant pathologic change
- I. PROSTATE: No significant pathologic change



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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 07/01/2019 17:05

To: 10750
St. Joseph County Coroner
Attn: Mike McGann
227 W. Jefferson Blvd. Rm 424
South Bend, IN 46601

Patient Name LOGAN, ERIC
Patient ID A19-340
Chain 19182716
Age 53 Y DOB 12/26/1965
Gender Male
Workorder 19182716

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Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Ethanol, Blood Alcohol Concentration (BAC), 11-Hydroxy Delta-9 THC, Delta-9 Carboxy THC, Delta-9 THC, Ethanol, Cocaine / Metabolites, and Cannabinoids.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Rows include 8050U (Postmortem, Urine Screen Add-on), 0170FL (Alcohol Panel, Fluid), and 8052B (Postmortem, Expanded, Blood).

Specimens Received:

Table with 6 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Rows 001-007 list specimen details.

All sample volumes/weights are approximations.
Specimens received on 06/20/2019.



**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	143	mg/dL	10	001 - Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.143	g/100 mL	0.010	001 - Blood	Headspace GC
11-Hydroxy Delta-9 THC	1.0	ng/mL	1.0	001 - Blood	LC-MS/MS
Delta-9 Carboxy THC	36	ng/mL	5.0	001 - Blood	LC-MS/MS
Delta-9 THC	3.4	ng/mL	0.50	001 - Blood	LC-MS/MS
Ethanol	Confirmed	mg/dL	10	001 - Blood	Headspace GC
Ethanol	86	mg/dL	10	006 - Vitreous Fluid	Headspace GC
Cocaine / Metabolites	Presump Pos	ng/mL	150	007 - Urine	EIA

This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

Cannabinoids Presump Pos ng/mL 50 007 - Urine EIA

This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Reference Comments:**

- 11-Hydroxy Delta-9 THC (Active Metabolite) - Blood:

11-Hydroxy Delta-9 THC is an active intermediate metabolite of tetrahydrocannabinol (THC) the active component of marijuana. Usual peak levels: Less than 10% of THC levels after smoking.

- Cannabinoids - Urine:

Cannabinoids are chemical compounds derived from the plant Cannabis sativa (marijuana), including active components, chemical congeners and metabolites. Delta-9-Tetrahydrocannabinol (THC) is the principal active component.

This result derives from a presumptive test, which may be subject to cross-reactivity with non-cannabinoid related compounds. A second test is necessary to confirm the presence of cannabinoid related compounds.

- Cocaine / Metabolites - Urine:

Cocaine is a central nervous system stimulant and drug of abuse.

This result derives from a presumptive test, which may be subject to cross-reactivity with non-cocaine related compounds. A second test is necessary to confirm the presence of cocaine related compounds.

- Delta-9 Carboxy THC (Inactive Metabolite) - Blood:

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC. The usual peak concentrations in serum for 1.75% or 3.55% THC marijuana cigarettes are 10 - 101 ng/mL attained 32 to 240 minutes after beginning smoking, with a slow decline thereafter. The ratio of whole blood concentration to plasma concentration is unknown for this analyte. THCC may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.



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Reference Comments:

5. Delta-9 THC (Active Ingredient of Marijuana) - Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

THC concentrations in blood are usually about one-half of serum/plasma concentrations. Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 50 - 270 ng/mL at 6 to 9 minutes after beginning smoking, decreasing to less than 5 ng/mL by 2 hrs.

6. Ethanol (Ethyl Alcohol) - Blood:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples. The blood alcohol concentrations (BAC) can be expressed as a whole number with the units of mg/dL or as a decimal number with units of g/100 mL which is equivalent to % w/v. For example, a BAC of 85 mg/dL equals 0.085 g/100 mL or 0.085% w/v of ethanol.

7. Ethanol (Ethyl Alcohol) - Vitreous Fluid:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples.

Sample Comments:

001 Physician/Pathologist Name: DR. WOLFE

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 19182716 was electronically signed on 07/01/2019 16:18 by:

Denice M. Teem, B.S., D-ABFT-FT  
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 0170FL - Alcohol Panel, Fluid - Vitreous Fluid

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acode 52198B - Cannabinoids Confirmation, Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
11-Hydroxy Delta-9 THC	1.0 ng/mL	Delta-9 Carboxy THC	5.0 ng/mL



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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Delta-9 THC	0.50 ng/mL		

Acode 52250B - Alcohols and Acetone Confirmation, Blood

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acode 8050U - Postmortem, Urine Screen Add-on (6-MAM Quantification only)

-Analysis by Enzyme Immunoassay (EIA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	500 ng/mL	Fentanyl / Metabolite	2.0 ng/mL
Barbiturates	0.30 mcg/mL	Methadone / Metabolite	300 ng/mL
Benzodiazepines	50 ng/mL	Opiates	300 ng/mL
Cannabinoids	50 ng/mL	Oxycodone / Oxymorphone	100 ng/mL
Cocaine / Metabolites	150 ng/mL	Phencyclidine	25 ng/mL

Acode 8052B - Postmortem, Expanded, Blood (Forensic)

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.