



**STATE OF DELAWARE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
DIVISION OF FORENSIC SCIENCE**

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**Name of Deceased:** Andrew EDELMANN  
**Age at Death:** 22 years  
**Gender:** Male

**Case Number:** 2023-0729  
**Date Pronounced:** 03/06/2023  
**Race:** White

**FINDINGS AND OPINIONS**

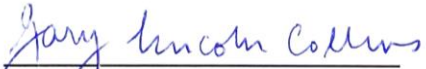
**FINDINGS:**

1. Perforating gunshot wound to head, Indeterminate range
  - a. Entrance: Left occipital scalp. No soot / stipple on skin
  - b. Path: Scalp, skull, brain, skull, skin
  - c. Exit: Right temporal scalp
  - d. Direction: Rightwards, upwards and forwards
  - e. Other: Associated with multiple skull fractures
2. Perforating gunshot wound to left forearm, Indeterminate range
  - a. Entrance: Ulnar side of mid left forearm. No soot stipple on skin
  - b. Path: Skin and soft tissues of left forearm
  - c. Exit: Radial side of anterior left forearm
3. Perforating gunshot wound to left arm, indeterminate range
  - a. Entrance: Posterolateral mid left arm. No soot / stipple on skin
  - b. Path: Skin and soft tissues of the lateral left arm
  - c. Exit: Anterior proximal left arm
4. Perforating gunshot wound to left upper back and shoulder, indeterminate range
  - a. Entrance: Upper left side of back
  - b. Path: Skin and soft tissue of upper left side of back and shoulder
  - c. Exit: Top of left shoulder
5. Penetrating gunshot wound to left arm and chest, indeterminate range
  - a. Entrance: Anterior proximal left arm. No soot / stipple on skin
  - b. Path: Skin and soft tissues of the upper left side of the chest. No perforation of the left lung or left pleural cavity
  - c. Projectile: Deformed jacketed bullet recovered from the upper inner left side of the upper chest
  - d. Direction: Rightwards, upwards and slightly backwards.

**2023-0729 Andrew Edelmann**

**CAUSE OF DEATH:** Multiple Gunshot Wounds

**MANNER OF DEATH:** Homicide

  
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**Gary L. Collins, MD**  
**Chief Medical Examiner**

Date Signed: 05/22/2023

## REPORT OF EXAMINATION

### INTRODUCTION

An autopsy was performed on the body of Andrew Edelmann at the Wilmington Office of the State of Delaware Division of Forensic Science on March 7, 2023. The examination was started at 10:00 a.m.

### EXTERNAL EXAMINATION

The body is that of a well-nourished adult white male whose appearance is consistent with the reported age of 22 years. The length is 71 inches. The weight is 214 pounds. Lividity is pale pink, blanching, and located on the posterior torso. Rigidity is present in the muscles of the jaw and extremities. The body is cold from refrigeration.

The scalp has brown hair. The wounds to the head are described below. The facial hair consists of short brown mustache and beard. The face is not congested. The wounds to the face are described below. The facial and nasal bones have no palpable fractures. The irises are brown. The sclerae are white. The conjunctivae have no petechiae. The nose is normally formed. The nares are blood stained. The ears are normally formed. The ear canals have blood drainage. The lips have no wounds. The upper and lower jaws have natural teeth. The teeth where seen are in good condition.

The neck is unremarkable. The chest is symmetrical and has no scars. The wounds and medical intervention to the chest are described below. The abdomen is flat and has no surgical scars or masses. The abdomen has numerous striae. The penis is circumcised. The testes are descended. The scrotum, perineum, and perianal region have no wounds or abnormalities. The wounds to the upper back are described below. The lower right side of the back has a 7 x 4 cm yellow-brown brush abrasion.

The upper extremities are symmetrical and normally formed. The hands have five digits. The wounds to the left upper extremity are described below. The outer left shoulder, posterior left forearm, and anterior right forearm has medium size to large tattoos. The lower extremities are symmetrical and normally formed. The legs and feet have no edema.

**Clothing:** The decedent was received with the hands covered with evidence bags. Clothing that accompanied the decedent consisted of a cut-off pants, belt, brief underpants, and one sock.

### MEDICAL INTERVENTION

1. A breathing tube protrudes from the mouth.

2. The proximal left arm has a tightly applied tourniquet.
3. Adhesive defibrillator patches are located on the right side of the chest and left side of the chest.
4. Adhesive electrocardiograph patches are located on the chest and abdomen.
5. Intraosseous needle protrudes from the lateral right shoulder.

## **WOUNDS BY GUNFIRE**

**Note:** The listing of wounds is for descriptive purposes only.

### **1. Perforating Gunshot Wound to Head, Indeterminate Range**

**Entrance:** The lateral left occipital scalp has a 0.8 cm circular entrance wound. The wound edges are not easily approximated and has a concentric abrasion. The wound and adjacent skin has no soot or stipple. The wound is located approximately 6 cm behind and 3 cm below the left external ear canal and is located approximately 15 cm below the top of the head.

**Path:** The projectile passes sequentially through the scalp, skull (producing an inward bevel defect), brain (through the cerebellum, brain stem, and inferior surface of the right temporal lobe), right temporal bone (producing an outward bevel defect), and skin.

**Exit:** The right temporal scalp has a 1 x 1 cm roughly triangular shaped exit wound with edges that are everted and easily approximated. The wound is located approximately 5 cm above and 3 cm anterior to the right external ear canal and is approximately 9 cm below the top of the head.

**Direction:** Based on the decedent in the standard anatomic position, the direction of travel of the bullet through the body is rightward, upwards, and forwards.

**Associated Findings:**

1. The wound is associated with localized tissue destruction and hemorrhage along the wound path.
2. The bones of the anterior crania fossa, left middle crania fossa, occipital bone, and right petrous bone has minimally displaced fractures.
3. The right upper and lower eyelids and the left lower eyelid has periorbital contusions.

### **2. Perforating Gunshot Wound to Left Forearm, Indeterminate Range**

**Entrance:** The ulnar side of the mid left forearm has a 0.9 cm circular entrance wound. The wound edges are not easily approximated and has a thin concentric abrasion. The wound and adjacent skin has no soot or stipple. The wound is located on the ulnar aspect of the left forearm approximately 9 cm above the wrist.

Path: The projectile passes sequentially through the skin, subcutaneous tissues, and right forearm bone.

Exit: The anterior radial side of the mid left forearm has a 2.0 x 1.5 cm ovoid exit wound with edges that are jagged and irregular. The wound is centrally located approximately 10 cm above the wrist.

Associated Findings:

1. The wound is associated with localized tissue destruction and hemorrhage along the wound path.
2. The shaft of the left ulnar is fractured.

### **3. Perforating Gunshot Wound to Left Arm, Indeterminate Range**

Entrance: The anterolateral mid left arm has a 1.5 cm circular entrance wound. The wound edges are not easily approximated and has a thin concentric abrasion. The wound and adjacent skin has no soot or stipple. The wound is centrally located on the posterolateral left arm approximately 15 cm below the top of the left shoulder.

Path: The projectile passes sequentially through the skin, soft tissues of the proximal lateral left arm, and skin of the anterior proximal left arm. The bullet does not perforate the left humerus.

Exit: The anterior proximal left arm has a 3.0 x 1.5 cm gaping elliptical exit wound. The wound edges are irregular and are easily reapproximated. At the time of the examination, the wound was packed with surgical dressing. The wound is located approximately 10 cm below the top of the left shoulder.

Direction: Based on the decedent in the standard anatomic position, the direction of travel of the bullet through the body is forwards, slightly upwards, and slightly rightwards.

Associated Findings: The wound is associated with localized tissue destruction and hemorrhage along the wound path.

### **4. Perforating Gunshot Wound to Left Upper Back and Shoulder, Indeterminate Range**

Entrance: The upper outer left side of the back has a 1.5 x 1.0 cm ovoid entrance wound. The wound edges are not easily approximated and has an eccentric abrasion along the six to nine to twelve o'clock edge. The wound and adjacent skin has no soot or stipple. The wound is located approximately 10 inches below the top of the head and approximately 9 inches to the left of posterior midline.

**Path:** The projectile passes sequentially through the skin, soft tissue of the upper left side of the back, and shoulder. The bullet does not penetrate the chest cavity or bone structures of the shoulder.

**Exit:** The inner top of the left shoulder has a 1.2 x 1.0 cm circular exit wound. The wound edges are darkened. The wound is located at the top of the left shoulder approximately 5 inches to the left of posterior midline.

**Direction:** Based on the decedent in the standard anatomic position, the direction of travel of the bullet through the body is rightwards, forwards, upwards.

**Associated Findings:** The wound is associated with localized tissue destruction and hemorrhage along the wound path.

## **5. Penetrating Gunshot Wound to Left Arm and Chest, Indeterminate Range**

**Entrance:** The anterior proximal left arm, adjacent to the axilla, has a 2 x 2 cm gapping ovoid entrance wound. On the four to six o'clock edge is a triangular shaped eccentric abrasion with the base located at the edge of the wound on the tip located along the five o'clock position. The wound edges are not easily approximated. The wound and adjacent skin has no soot or stipple. The wound is centrally located along the proximal left shoulder approximately 10 cm (4 inches) below the top of the shoulder.

**Path:** The projectile passes sequentially through the skin, subcutaneous tissue, superficial pectoral muscle of the left side of the chest, and the left sternoclavicular joint. The bullet does not penetrate the chest cavity or lung.

**Projectile:** A deformed jacketed bullet is recovered medial to the left sternoclavicular joint.

**Direction:** Based on the decedent in the standard anatomic position, the direction of travel of the bullet through the body is rightwards, upwards, and slightly backwards.

**Associated Findings:** The wound is associated with localized tissue destruction and hemorrhage along the wound path.

## **INTERNAL EXAMINATION**

**Note:** Having been described above, the injuries will not be repeated.

**Neck:** The muscles of the anterior neck, adjacent connective tissue and vessels of the anterior aspect of the cervical vertebrae have no abnormalities. The hyoid bone is intact. The cricoid and laryngeal cartilages are unremarkable. The vocal cords have no abnormalities. The tracheal mucosa is lined with red-brown bloody mucus. The tongue is unremarkable. The oral cavity has no abnormalities.

**Body Cavities:** The intrathoracic and intraabdominal organs are in their normal anatomic positions. The internal organs have normal colors. The pleural, pericardial and peritoneal cavities have no abnormal liquid collections, blood or fibrous adhesions. The internal organs have no distinctive odors.

**Medical Appliances:** None present.

**Musculoskeletal:** The abdomen has a thin to moderate layer of subcutaneous adipose tissue. The injuries to the chest have previously been described. The abdomen has no blunt or penetrating wounds. The ribs, sternum and clavicles have no fractures. The vertebra and pelvic bones have no fractures. The musculature is pink-brown, and normally developed. The bony consistency is normal.

**Cardiovascular:** The heart weighs 416 grams. The external surface of the heart is smooth and has a moderate layer of adipose tissue. The aorta, pulmonary artery, pulmonary veins and vena cavae have normal attachments to the heart and are intact. The great vessels are intact and under filled with liquid blood. The coronary circulation is left dominant and has a normal distribution of patent coronary arteries that are free of atherosclerosis or thrombosis. The coronary ostia are patent and are normally located in the sinotubular junction. The chambers of the heart are collapsed and under filled with liquid blood. The atria and ventricles are not dilated. The atrial septum has no abnormalities. The foramen ovale is closed. The interventricular septum is unremarkable. The myocardium is uniform, pink and rubbery and has no hemorrhage or fibrosis. The endocardium is smooth and glistening and has no thrombi or abnormal thickening. The valves are thin and unremarkable. The aortic arch is not dilated and has a normal origin of its branches. The aorta has no atherosclerosis and no aneurysm.

**Respiratory:** The left lung weighs 395 grams. The right lung weighs 427 grams. The lungs display normal anatomy and appear normally expanded. The external surface of the lungs is smooth and unremarkable. The pulmonary arteries have no thromboemboli or atherosclerotic plaques. The respiratory passages have a thin layer of clear mucus. The parenchyma is pink-red, spongy, and has mild frothy edema fluid sectioning. The lungs have no consolidation or masses.

**Digestive:** The esophagus has tan-white longitudinally folded mucosa that has no varices or other abnormalities. The stomach contains approximately 40 to 50 ml of tan-brown turbid liquid. The gastric mucosa has intact rugae that is free of ulcers and hemorrhage. The wall of the stomach is unremarkable. The external surfaces of the intestines are unremarkable. The small intestines, appendix and large intestines have no abnormalities. The mesentery and omentum have no abnormalities. The rectum is unremarkable.

**Liver, Gallbladder, and Pancreas:** The liver has a normal shape and weighs 1578 grams. The capsule is thin, intact and smooth. The parenchyma is brown and rubbery and has no cirrhosis or steatosis. The hepatic veins are patent. The gallbladder contains

green bile with no calculi. The pancreas is tan, lobular and has no fibrosis, hemorrhage or calcifications.

**Hemic and Lymphatic:** The spleen weighs 136 grams and has an oval shape. The capsule is intact. The parenchyma is red and has no abnormalities. The lymph nodes are not enlarged. The palatine tonsils are not enlarged. The thymus weighs 45 grams and is pale tan and has fatty infiltration.

**Endocrine:** The adrenal glands are normally positioned and have no focal abnormalities. The thyroid gland is normal in size, tan-brown and has no abnormalities. The pituitary gland has no abnormalities.

**Genitourinary:** The left kidney weighs 113 grams. The right kidney weighs 113 grams. The kidneys are bean shaped. The capsule strips with ease to reveal cortical surfaces that are pink and smooth. The corticomedullary junctions are distinct. The renal cortex has no masses or cysts. The renal pelvises are not dilated. The renal parenchyma is unremarkable. The ureters are patent and not dilated. The urinary bladder contains approximately 50 to 100 ml of urine. The urinary bladder is unremarkable. The prostate, seminal vesicles and testes are unremarkable.

**Head:** The wounds to the head have previously been described. The dura has no abnormalities. The subdural and epidural spaces have no abnormal liquid collections. The cerebrospinal fluid is clear. The leptomeninges are thin and translucent. The brain weighs 1500 grams. The cerebral hemispheres are symmetrical and have a normal gyral pattern. The cranial nerves arise from their usual anatomic locations and have no abnormalities. Coronal sections of the cerebral hemispheres reveal no abnormalities of the cortex or white matter. The ventricles have no abnormalities. The brainstem and cerebellum are disrupted.

**SPECIMEN COLLECTED:**

- Blood
- Vitreous fluid
- Urine
- Gastric contents
- Bile
- Liver
- Brain

**SPECIAL PROCEDURES**


**Radiology:** X-rays of the head, torso and extremities were performed. A bullet is visible in the upper left side of the chest.



**EVIDENCE RECOVERY**

1. The bags that covered the hands were submitted to evidence.
2. The bullet recovered from the left chest was submitted to evidence.

**EXAMINATION PERFORMED BY:**

  
GARY L. COLLINS, MD

GLC/AHS



**STATE OF DELAWARE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
DIVISION OF FORENSIC SCIENCE**  
200 South Adams Street  
Wilmington, DE 19801

**Toxicology Postmortem Laboratory Report  
CONFIDENTIAL**

**Requested By:** State of Delaware  
Department of Safety and Homeland Security  
Division of Forensic Science  
200 South Adams Street  
Wilmington, Delaware 19801

**DFS Case #:** 2023-0729 **Date Rec'd:** March 8, 2023  
**Tox Case #:** TX23-0247 **Report Date:** March 31, 2023

**Name:** Andrew Edelman

**Medical Examiner:** Gary L. Collins, M.D.

**SCREENS**

<b><u>Procedure</u></b>	<b><u>Specimen</u></b>	<b><u>Compound</u></b>	<b><u>Result</u></b>
Drug Screen by ELISA	Peripheral Blood (Femoral)	Cannabinoids Cross-reactives	Positive

\* Enzyme-linked immunosorbent assay (ELISA) provides only a preliminary analytical result that is contingent upon a confirmatory test. This screen includes the following 18 drugs/drug classes: Amphetamine, Methamphetamine, Opiates, Phencyclidine, Buprenorphine, Methadone, Benzodiazepines, Cocaine, Barbiturates, Cannabinoids, Oxycodone, Fentanyl, Carisoprodol, Diphenhydramine, Ketamine, Meperidine, Tramadol, and Zolpidem.

**CONFIRMATIONS**

<b><u>Procedure</u></b>	<b><u>Specimen</u></b>	<b><u>Compound</u></b>	<b><u>Result</u></b>
Alcohol/Volatiles Analysis by GC-FID	Peripheral Blood (Femoral)		None Detected
Cannabinoid Confirmation by GC-MS	Peripheral Blood (Femoral)	Delta-9-Tetrahydrocannabinol	18 ng/mL
	Peripheral Blood (Femoral)	Delta-9-Carboxy-Tetrahydrocannabinol	78 ng/mL

**All results relate only to the items that were tested. All positive results have been corroborated by a secondary test and/or case information unless otherwise noted.**

**Specimens will be discarded after one year, and data may be destroyed after five years.**



This laboratory is accredited by ANAB in accordance with the recognized ISO/IEC 17025 standard and the ABFT Forensic Toxicology Laboratory Accreditation Requirements.

Refer to certificate and scope of accreditation FT-0103.



DFS Case #: 2023-0729  
Tox Case #: TX23-0247

Report Date: March 31, 2023  
Name: Andrew Edelmann

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*Jessica Smith*

March 31, 2023

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**Jessica Smith, M.S., D-ABFT-FT**  
**Chief Forensic Toxicologist**

**Date**

*Certified that this report  
was prepared by a  
person qualified under  
standards and analyzed  
under procedures  
approved by the DFS.*