



## SUMMIT COUNTY MEDICAL EXAMINER

85 N. Summit Street Akron, OH 44308-1948

(330) 643-2101 / Fax (330) 643-2100

### REPORT OF INVESTIGATION

Chapter 313 Ohio Revised Code

**Name:** Jazmir D. Tucker

**Address:** 853 Amhurst Avenue, AKRON, OH 44311

**Age:** 15 years

**Race:** Black

**Sex:** Male

**Marital Status:** Single

**Case No.:** 2024-003238

**Date of Death:** 11/28/2024

**Time of Death:** 23:29

**Pronounced By:** Fertel, Baruch S. MD

**Place of Death:** Hospital-ER

**Location of Death:** 1 Akron General Ave,  
Akron, OH 44307

**Investigator:** MICHAEL MCGILL

**Autopsy Type:** Full Autopsy

Jazmir D. Tucker was a 15-year-old male who died at Akron General Medical Center from gunshot wounds he sustained during an interaction with officers from the Akron Police Department.

Akron Police Department case report indicates that at 2301 hours on 11/28/2024, officers responded to shots fired in the area near 1055 East Avenue in Akron. Officers located and confronted Jazmir D. Tucker, and he was shot during an arrest.


Akron Fire Department EMS report indicates that paramedics responded to the scene and found Jazmir unresponsive with a faint pulse. He had gunshot wounds to his flank, back, and right bicep. Advanced cardiac life support measures were initiated, and he was transported to Akron General Medical Center.

Akron General Medical Center records indicate that Jazmir D. Tucker arrived to the emergency department in cardiopulmonary arrest at 2324 hours on 11/28/2024. He had gunshot wounds to his right bicep, chest, and back. He required continued resuscitation that included a left thoracotomy. Further efforts could not restore cardiac function, and he was pronounced dead in the emergency department.

The Summit County Medical Examiner was notified of the death of Jazmir D. Tucker at 0058 hours on 11/29/2024.

This Investigator responded to Akron General Medical Center and arrived to the emergency department at 0135 hours that same date. I observed the deceased, later identified as Jazmir D. Tucker, supine on a treatment table in the emergency department. He had gunshot wounds to his left chest, right bicep, and back. At that time, his hands were placed in brown paper bags for transport.

The body of the deceased was transported to the Summit County Medical Examiner's facility, where an examination was performed by Robert S. Shott, MD, Chief Deputy Medical Examiner. The body of the deceased was later released to the Wilkinson Funeral Home.

  
Investigator

(Continued)

**Name:** Jazmir D. Tucker

**Case No.:** 2024-003238

**After an examination of all available evidence, I do find that the deceased came to the death by:**

**Cause of Death:** Gunshot wounds of the torso.

**Manner of Death:** Homicide: Shot by another.

**I hereby certify the foregoing to be a true and correct report of said examination to the best of my knowledge and belief of said body.**



\_\_\_\_\_  
Medical Examiner

Lisa J. Kohler, M.D.  
Chief Medical Examiner

Ilene Shapiro  
County Executive



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### REPORT OF AUTOPSY

I, LISA J. KOHLER, M.D., Chief Medical Examiner of Summit County, Ohio, certify that in accordance with 313.13 of the Ohio Revised Code, a post-mortem examination was performed on the body of Jazmir D. Tucker and that the following is a true and correct report of said examination to the best of my knowledge and belief.

Name: **Jazmir D. Tucker, 15 years old Male**

Case Number: **2024-003238**

Time/Date of Death: Pronounced at 2329 hours on November 28, 2024

Identification Method: Visual

Autopsy Type: Full Autopsy, started at 0905 hours on November 29, 2024

Performed By: ROBERT SHOTT, M.D., Chief Deputy Medical Examiner

Performed For: LISA J. KOHLER, M.D., Summit County Medical Examiner

Present at Autopsy: DAMIEN HILL, Morgue Technician

Cause of Death: Gunshot wounds of the torso.

Manner of Death: Homicide: Shot by another.

Robert Shott MD  
Pathologist

1/6/2025  
Date

L J Kohler MD 01/14/25  
Chief Medical Examiner

**FINDINGS AND DIAGNOSES:**

- I. Distant/indeterminate-range gunshot wound of the torso:
  - A. Wound of entrance: Central left mid back:
    1. No soot, stippling, or unburned gunpowder particles on adjacent skin or clothing.
  - B. Wound path: Through the posteromedial left 11<sup>th</sup> rib, the spleen, the stomach, the left hemidiaphragm, the lower lobe of the left lung, the apex of the heart, and the anterior left 6<sup>th</sup> rib.
  - C. Wound of exit: Left lower chest.
  - D. Direction: Back to front, slightly right to left, and slightly upward.
  - E. Associated injuries: Fractures of the left 6<sup>th</sup> and 11<sup>th</sup> ribs; lacerations of the heart, left lung, stomach, and spleen; contusion of the upper lobe of the left lung; 100 mL residual left hemothorax; approximately 100 mL hemoperitoneum; status post emergent left thoracotomy and bilateral thoracostomies.
- II. Distant/indeterminate-range gunshot wound of the lower back and pelvis:
  - A. Wound of entrance: Central right lower back:
    1. No soot, stippling, or unburned gunpowder particles on adjacent skin or clothing.
  - B. Wound path: Through the lower back, the pelvis, the small intestine, and the mesentery.
  - C. Recovery: A deformed, jacketed, small-caliber projectile and fragments from the subcutaneous soft tissue and skin of the central lower abdomen.
  - D. Direction: Back to front, slightly right to left, and slightly downward.
  - E. Associated injuries: Lacerations of the mesentery and small intestine; approximately 100 mL hemoperitoneum.
- III. Distant/indeterminate-range gunshot wound of the right upper arm:
  - A. Perforating wound tract through soft tissue and bicep of right upper arm.
  - B. No injury of right humerus or brachial artery.
  - C. Irregular entrance and exit wounds; indeterminate direction.
- IV. No evidence of other significant traumatic injuries or natural medical disease.
- V. THC metabolite identified in blood. See toxicology report.

**OPINION:**

The body of Jazmir D. Tucker was examined at our office. The autopsy procedure revealed an adolescent male with 3 gunshot wounds, with one passing through the upper torso and resulting in fatal injury of the heart and left lung. The subsequent toxicological analysis revealed evidence of exposure to marijuana/cannabis (unknown time, quantity, or route of exposure).

It is our opinion based on the findings at autopsy and the investigative information that Jazmir D. Tucker died from gunshot wounds of the torso. The Manner of Death is ruled Homicide. Correlation with investigative information relevant to this case is recommended.

**ADDITIONAL STUDIES PERFORMED:**Identification:

Positive identification of Jazmir D. Tucker was established visually by a family friend.

Photography:

Autopsy photographs are retained by the Summit County Medical Examiner's Office.

Histology:

Not performed.

Radiology:

Antero-posterior radiographic views of Jazmir D. Tucker are performed at the Summit County Medical Examiner's Office and reviewed by this pathologist.

Toxicology:

Summit County Forensic Toxicology report, enclosed.

**EVIDENCE COLLECTED:**

- One Sample of Head Hair and Pubic Hair
- One Sample of Left and Right Fingernail Clippings
- Fingerprints
- One DNA Blood Standard Card
- Box Containing Bullet and Fragment
- Box Containing Bullet Jacket Fragments
- Coat
- Jacket
- Pants
- Underwear
- Shoes

- Socks - 1 Pair
- Vaping Device with Cartridge
- Pencil
- Brush
- \$1.02 Cash
- Blood (Cavity) x 3
- Urine x 1
- DNA Cards x 2
- Tissue x 1

A postmortem examination of the body of a 15-year-old male identified as Jazmir D. Tucker is performed at the Summit County Medical Examiner's Office on November 29, 2024. The examination is conducted by Robert Shott, M.D., and is begun at 9:05 AM.

**ATTENDANCE:**

In the performance of his usual and customary duties, autopsy assistant Damien Hill is present during the autopsy. Also present for a portion of the autopsy is Special Agent Allison Fletcher of the Ohio Bureau of Criminal Investigation.

**CLOTHING:**

The body is received unclad, with his clothing having been previously removed and bagged at the hospital. This clothing includes 2 shoes, 2 socks, pants, briefs, a T-shirt, a hooded sweatshirt, and a coat. Ragged defects in the T-shirt, sweatshirt, and coat corresponds to entrance and exit gunshot wounds described below.

**PROPERTY:**

Accompanying property includes a vaping pen with a cartridge, a brush, a pencil, and \$1.02.

**IDENTIFICATION TAGS:**

Hospital trauma identification bands are attached to the right wrist and the right great toe.

**EXTERNAL EXAMINATION:**

The body is that of a well-developed, well-nourished, adolescent male, 127.0 pounds and 68.0 inches, whose appearance is appropriate for the reported age. The body is cold. Rigor mortis is generalized. Livor mortis is faintly purple, posterior, and blanches slightly with pressure.

The scalp hair is black, ½ inch in maximum length. The irides are brown. The sclerae and conjunctivae are clear. The nose and ears are not unusual. The teeth are natural and in adequate repair. The tongue appears normal.

The neck is unremarkable. The torso is well developed and symmetric. The abdomen is flat. The back is notable for two gunshot wounds. The external genitalia are those of a normal post pubescent male.

The body is received with brown paper bags over the hands affixed with tape around the wrists. Transferred blood is on the hands, but there is no injury of the hands themselves. The upper and lower extremities are well developed and approximately symmetric, without clubbing or edema. The right upper arm is notable for 2 gunshot defects.

#### IDENTIFYING MARKS:

Identifying marks include a 1 inch pigmented scar over the right anterior superior iliac spine and a 1-1/2 inch well-healed scar on the medial left ankle.

#### MARKS OF MEDICAL INTERVENTION:

Evidence of medical intervention includes an endotracheal tube, intraosseous vascular access lines in the left shoulder and right lower leg, a chest seal applied to the left back, bilateral thoracostomy incisions over the lateral left and right chest, a coarsely sutured thoracotomy incision over the left chest, and an intravenous vascular access line in the right wrist.

#### EVIDENCE OF INJURY:

Torso:

Gunshot wound of the left back and chest:

Wound of entrance (photos 55–58): On the left central mid back, centered 21-1/2 inches below the plane of the top of the head and 1-1/2 inches to the left of posterior midline, is an entrance gunshot wound consisting of a 1/8 inch round defect with 1/16 inch circumferential marginal abrasion. No soot, unburned gunpowder particles, or gunpowder stippling are visible on the adjacent skin.

Wound path: The hemorrhagic wound tract sequentially perforates the posteromedial left 11<sup>th</sup> rib, the medial spleen, the fundus of the

stomach, the left hemidiaphragm, the lower lobe of the left lung, the apex of the heart (transmural through the left ventricle), and the anterior left 6<sup>th</sup> rib.

Wound of exit (photos 48–49): On the left chest, centered 20 inches below the plane of the top of the head and 3 inches to the left of anterior midline, is an exit gunshot wound consisting of a ¼ inch laceration with irregular marginal abrasion/drying artifact at the 8-9 o'clock margin.

Direction: The wound tract travels from the decedent's back to front, slightly right to left, and slightly upward.

Associated injuries: Associated injuries include fractures of the left 6<sup>th</sup> and 11<sup>th</sup> ribs; lacerations of the heart, lower lobe of the left lung, stomach, and spleen; contusion of the upper lobe of the left lung; residual 100 mL left hemothorax; 100 mL hemoperitoneum; and emergent left thoracotomy and bilateral thoracostomies with likely significant additional blood loss.

Gunshot wound of the lower back and pelvis:

Wound of entrance (photos 55 and 59–62): On the central lower back, centered 29 inches below the plane of the top of the head and 1-1/2 inches to the right of posterior midline, is an entrance gunshot wound consisting of a 1/8 inch round defect with 1/16 inch circumferential marginal abrasion. No soot, unburned gunpowder particles, or gunpowder stippling are visible on the adjacent skin.

Wound path: The hemorrhagic wound tract sequentially perforates the lower back, the pelvis, the small intestine, the mesentery, and the lower abdominal wall with focal perforation of the skin (photos 52–53).

Recovery (photos 75–80 and x-ray 3): Recovered from the subcutaneous soft tissue of the central lower abdomen and the adjacent skin are a deformed, jacketed, small-caliber projectile and several additional small bullet fragments.

Direction: The wound tract travels from the decedent's back to front, slightly right to left, and slightly downward.

Associated injuries: Associated injuries include hemorrhage along the wound tract, lacerations of the small intestine and mesentery, and approximately 100 mL hemoperitoneum.

Upper extremities:

Gunshot wound of the right upper arm:

Two large irregular defects are on the lateral and anterior right upper arm, connected by a hemorrhagic wound tract that perforates the subcutaneous soft tissue and right biceps muscle (photos 45–47). The lateral wound is centered 7-1/2 inches below the top of the shoulder and consists of a 1-1/2 x 1 inch laceration with abrasions at the 1 o'clock and 7 o'clock margins. The anterior wound is centered 5-3/4 inches below the top of the shoulder and consists of a 1 x 3/4 inch laceration with minimal marginal abrasion. Because of the irregularity of these wounds, the direction of travel cannot be determined. There is no injury of the underlying right humerus or right brachial artery.

#### INTERNAL EXAMINATION:

The internal organs are of a normal anatomic distribution. The uninjured right lung is collapsed within its pleural cavity. Approximately 100 mL of blood are in both the left pleural cavity and the peritoneal cavity. No adhesions are in the body cavities.

#### CARDIOVASCULAR SYSTEM:

The heart is 295 grams. The pericardial surfaces are smooth, glistening, and notable only for a gunshot defect near the apex. The pericardial sac is free of significant fluid or adhesions. Coronary arteries arise normally, following a right-dominant pattern with no significant atherosclerotic stenoses. The chambers and valves have the usual size-position relationship. The right ventricular wall thickness ranges from 0.2–0.3 cm; the left ventricular wall thickness is 0.9 cm. Apart from the transmural defect through the left ventricle at the apex, the myocardium is uniformly 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 mild fatty streak atherosclerosis in the aortic root. The vena cava and its major tributaries are thin walled and patent, in the usual distribution.

#### RESPIRATORY SYSTEM:

The right lung is 190 grams, the left lung 240 grams. The tracheobronchial tree is patent, and the mucosal surfaces are intact. Pleural surfaces are translucent, smooth, and glistening. The pulmonary parenchyma is pink-tan to dark red-purple and exudes focally large amounts of blood adjacent to the gunshot wound tract described above. 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 arranged in the usual rugal folds, and the lumen contains 1 mL of brown fluid. Two perforations in the fundus are consistent with the gunshot wound tract described above. The large intestine is unremarkable, and the small intestine is focally injured by the gunshot wound described above. The uninjured portions of the mesentery and omentum appear normal. The appendix is unremarkable. The colon contains unformed stool. The pancreas has the usual tan lobulated appearance, and the ducts are clear.

The liver is 1105 grams and has a smooth, intact capsule covering red-brown parenchyma. The thin-walled gallbladder contains a trace amount of bile.

#### ENDOCRINE SYSTEM:

The thyroid and adrenal glands are unremarkable.

#### GENITOURINARY SYSTEM:

The normal-shaped kidneys together are 205 grams. The capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, pale tan, firm cortical surfaces. The cortices are sharply delineated from the medullary pyramids.

The calyces, pelves, and ureters are unremarkable. The urinary bladder contains 8 mL of urine; the mucosa is gray-tan and intact.

The prostate is unremarkable.

#### HEMATOPOIETIC SYSTEM:

The thymus is appropriate in size and configuration for the age of the decedent. The spleen is 100 grams and has a focally lacerated capsule covering red-purple parenchyma. The regional lymph nodes have their usual distribution and appearance. The bone marrow is red-brown and homogeneous, without focal abnormality.

#### MUSCULOSKELETAL SYSTEM:

Apart from the injuries described above, 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.

#### NERVOUS SYSTEM:

The brain is 1660 grams. The dura mater and falx cerebri are intact, and the leptomeninges are thin and delicate. The cerebral hemispheres are symmetric, 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 brain stem and cerebellum are unremarkable.

#### SPECIAL STUDIES:

Radiographs of the head, torso, and upper extremities reveal the retained bullet recovered from the lower abdominal wall as well as numerous minute bullet fragments that are not recovered.

Toxicologic analysis reveals a THC metabolite in the blood. See attached toxicology report.

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## FORENSIC TOXICOLOGY LABORATORY

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Name Jazmir D. Tucker Case # 2024-003238  
Date Rcvd. 11/29/2024 Date Rptd. 12/18/2024  
Investigator: MICHAEL MCGILL  
Ordered By: ROBERT SHOTT  
Specimen Type:   X    Blood (Gray)                    Blood (Red)            Blood (Other)  
                      X    Urine                                    Vitreous                Gastric  
  Other (Specify)  
  
Testing Requested:   X    Ethanol (Volatile panel)  
                              X    Drug Screen  
  Other (Specify)  
  
Comment:

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### RESULTS

Ethanol: None Detected % (Wt/Vol)                    Specimen Type: Blood Serum

Drug Quantitation (Serum / Blood): Not performed.


Blood Screen (Serum): Screened positive for 11-nor-9-carboxy-delta-THC.

Urine Screen (Urine): delta-9-Carboxy THC present.

Comment:

**Tested For: Volatiles:** Ethanol, Acetone, Methanol, Isopropanol   **Urine:** Cocaine and metabolite, Propoxyphene and metabolite, PCP, Methadone, Barbiturates, Opiates, Amphetamines, Benzodiazepines, Tricyclic antidepressants, Cannabinoids, Salicylates.  
**Blood:** Urine positives confirmed, identified and quantitated.

Performed/Reviewed By:

  
Michael Velten - Chemist

Lisa J. Kohler, M.D.  
Chief Medical Examiner

Ilene Shapiro  
County Executive