



COUNTY OF ALLEGHENY
OFFICE OF THE MEDICAL EXAMINER



THOMAS CROOKS

AUTOPSY DATE: July 14, 2024

CASE NO.: 24COR05410

DATE SIGNED: August 05, 2024

FINAL PATHOLOGICAL DIAGNOSES:

- I. GUNSHOT WOUND TO THE HEAD
 - A. Distant range entrance wound of the left upper lip
 - B. Downward, backward, and rightward bullet track
 - C. Exit wound of the right lateral neck, with adjacent patterned abrasion consistent with rifle buttstock abrasion
 - D. Re-entrance and re-exit wounds of the right upper back
 - E. Destructive wound track, consistent with damage caused by a high velocity bullet
 - F. Gunshot injuries to the skull, brain, teeth, tongue, hyoid bone, right internal carotid artery and right internal jugular vein, and right scapula
 - G. Small copper-colored metal bullet jacket fragment recovered for evidence from the right upper back
- II. SMALL FACIAL ABRASIONS
- III. ABRASIONS AND CONTUSIONS OF THE BILATERAL ELBOWS AND KNEES
- IV. ZIP-TIE HANDCUFF IMPRESSIONS ON THE BILATERAL FOREARMS/WRISTS/HANDS
- V. POSTMORTEM TOXICOLOGY SHOWS:
 - A. Negativity for alcohol and drugs of abuse
 - B. Mildly elevated blood lead level of 5.9 µg/dL (heavy metals panel)
- VI. COMPANION CASE TO 24COR05404

AUTOPSY REPORT

Case No.: 24COR05410

Page 2 of 14

OPINION:

Thomas Matthew Crooks, a 20 year old, white male, died as a result of a gunshot wound to the head.

A handwritten signature in black ink, appearing to read 'A. Goldschmidt', is written over a horizontal line.

Ariel Goldschmidt, M.D.
Chief Medical Examiner

AUTOPSY REPORT

Case No.: 24COR05410

Page 3 of 14

NARRATIVE SUMMARY:

The autopsy was performed on July 14, 2024 at 9:15 A.M.

Ariel Goldschmidt, M.D., Chief Medical Examiner, Examiner

Bernadette Buchholz, Autopsy Room Technician

Rachel Ecoff, Photographer

Present: FBI Agent Jill Wolfe, FBI Major Incidents Program Manager Brian Johnson, and Pennsylvania State Police Troopers Jennifer Cantella, Michael Pickard, and Michael Graham

EXTERNAL EXAMINATION:

The body is that of a well-developed, well nourished white male, weighing 167 pounds, measuring 68 inches, and appearing to be consistent with the age of 20 years.

The body is unembalmed.

The body is received clothed in a gray t-shirt ("DEMOLITIA" written on front of t-shirt; imagery including eagle symbol and bullet round and the writing "DR" present on the back of t-shirt; scattered fly eggs present; three right upper back tears/defects present consistent with gunshot defects, measuring from superior to inferior 1.75 x 1.5 inches, 1.5 x 1 inch, and 0.5 x 0.5 inch), khaki shorts with a black belt and white metal buckle, black underwear ("George" brand), two black socks, and two blue sneakers (with "S" Skechers brand logo). The clothing is soiled with blood and dirt.

AUTOPSY REPORT

Case No.: 24COR05410

Page 4 of 14

The body is accompanied by a clear plastic bag containing medium length brown hair (submitted as evidence).

The body is cold to touch. Rigor mortis is fully developed. Livor mortis is partially blanching on the anterior and posterior aspects of the body (anterior greater than posterior).

The head hair is brown, straight, and medium to long in length (approximately 6 to 9 inches in length). A mustache and goatee are present on the face. The nose and ears are normally formed. There is erythematous skin present on the mid and right inferior tip of the nose and on the right upper lip. The eyes are hazel. The bilateral pupils measure approximately 5 mm in diameter. Gunshot injuries to several left upper teeth will be described below; the teeth are in otherwise fair repair. Gunshot injury to the tongue will be described below. There is blood present in the mouth and nostrils.

The neck is normally mobile, and the chest is well developed. The abdomen is flat. The external genitalia are of a circumcised adult male. The anus is unremarkable.

The upper and lower extremities are well developed. There is dirt present on the bilateral upper and lower extremities, including the bilateral hands. Additionally, there is blood present on the bilateral upper and lower extremities, including the bilateral hands (right greater than left).

The bilateral hands are secured with white zip tie handcuffs (approximately 0.5 inch in diameter) behind the back. There are corresponding, circumferential/ parallel, oblique tan impressions around the right wrist (spaced approximately 0.5 inches apart),

AUTOPSY REPORT

Case No.: 24COR05410

Page 5 of 14

and there are multiple oblique pink linear impressions on the dorsal right hand. Additionally, there are corresponding, circumferential / parallel, oblique tan impressions around the distal left forearm (spaced ~0.5 inches apart); there are several associated 0.2 to 0.8 inch oblique tan linear excoriations on the distal, medial left forearm. There are four additional 1 inch parallel, oblique linear impressions on the distal, left forearm (spaced ~0.25 inches apart), and there are two additional 0.75 inch parallel, oblique linear impressions on the distal, medial left forearm (spaced ~0.25 inches apart).

The bilateral fingernails are short. There is blood and dirt present under the right fingernails, and there is dirt present under the left fingernails.

An Allegheny County Medical Examiner's identification tag is present around the left ankle.

Evidence of recent injury: There is a 0.2 inch abrasion above the left eyebrow. There is a 0.35 x 0.15 inch abrasion lateral to the left eyebrow.

There is blood present in the mouth and nostrils and there is right periorbital ecchymosis, in association with a gunshot wound of the head to be described below.

There is a 0.25 inch abrasion on the superior, lateral right neck; a patterned wound of the right neck will be additionally described below.

There is blood present on the bilateral upper and lower extremities, including on the bilateral hands. There is a 2.5 inch purple contusion with multiple associated 0.1 to 0.5 inch abrasions on and around the right elbow. There are two 0.75 x 0.35 inch

AUTOPSY REPORT

Case No.: 24COR05410

Page 6 of 14

pink and orange abrasions on the distal, medial left arm. There are four 0.25 x 0.35 inch red-orange abrasions distal to the left elbow.

There are multiple 0.1 to 0.75 inch abrasions and pink contusions on and below the bilateral knees.

There is a distant range gunshot entrance wound of the lateral left upper lip. The wound is stellate, measuring 0.5 x 0.4 inches. The edges of the wound are torn. The central aspect of the wound is roughly circular, measuring 0.25 x 0.25 inches. The central edges of the wound show abrasion measuring less than 0.1 inch in diameter. The wound is located 1 inch left of the midline and 5.75 inches below the top of the head. The wound path is downward, backward, and rightward and involves the maxilla (fractured), and left upper teeth, tongue (0.5 inch laceration of the right posterior aspect), and skull to exit the superior, posterolateral right neck. Associated injuries to the teeth are as follows: There are fracture/dislocations of the left upper, lateral incisor tooth and left upper canine tooth (left upper canine tooth loosely present on the body; photographed). There are additional dislocations of the left upper 1st and 2nd premolar teeth. Additional gunshot-associated injuries to the head and neck will be described in further detail below.

There is a corresponding, shored gunshot exit wound of the superior, posterolateral right neck. The wound is irregular, measuring 2.25 x 2 inches. The wound is centered 3.25 inches right of the posterior midline and 6.25 inches below the top of the head. The edges of the wound are torn. Anterior and superior to the wound (on the posterior right ear and posterior to the right ear), is a 1.5 x 1.25 inch irregular

AUTOPSY REPORT

Case No.: 24COR05410

Page 7 of 14

abrasion; there are additional associated abrasions of the right external ear canal and the anterior, inferior right ear (0.8 inch linear abrasion).

Anterior and inferior to the shored exit wound of the superior, posterolateral right neck is a patterned abrasion on the superior, lateral right neck and posterior, lateral right jaw. The patterned injury is comprised of a roughly rectangular outer outline of abrasion measuring approximately 2 x 1.5 inches, as well as an inner rectangular outline of abrasion measuring approximately 1.5 x 0.75 inches, with associated purple ecchymosis. The patterned injury is consistent with a rifle buttstock abrasion.

There is a corresponding gunshot re-entrance wound on the right upper back (posterior and medial to the right shoulder). The wound is irregular, measuring 1.8 x 1.5 inches. The edges of the wound are torn. The edges of the wound show irregular surrounding abrasion, measuring up to 0.5 inches in diameter on the anterior aspect of the wound. Additionally, there are multiple irregular adjacent abrasions located up to 2.5 inches anterior to the wound. There is surrounding purple ecchymosis. The wound is located 4.5 inches right of the posterior midline and 9 inches below the top of the head (based on standard anatomic positions). A small copper-colored metal bullet jacket fragment is embedded within the anterior aspect of the wound and is recovered for evidence. There is fracture of the superior aspect of the right scapula in association with this wound.

There are two corresponding, partial gunshot re-exit wounds on the lateral right upper back as follows:

AUTOPSY REPORT

Case No.: 24COR05410

Page 8 of 14

There is a corresponding, partial gunshot re-exit wound on the lateral right upper back (posterior to the right shoulder). The wound is irregular, measuring 1.6 x 1.5 inches. The edges of the wound are clean and torn. There is surrounding purple ecchymosis. The wound is located 6.5 inches right of the posterior midline and 10.5 inches below the top of the head.

There is an additional, corresponding partial gunshot re-exit wound on the lateral right upper back (posterior and inferior to the right shoulder). The wound is irregular, measuring 0.8 x 0.5 inches. The edges of the wound are clean and torn. The wound is located 7 inches right of the posterior midline and 12 inches below the top of the head.

INTERNAL EXAMINATION:

BODY CAVITIES:

The body is opened by a "Y" shaped incision. The muscles of the chest and abdomen are normal in color and consistency. The ribs, sternum, and spine exhibit no fractures. The pleural cavities are unremarkable. The diaphragm is intact. The pericardium is smooth. The peritoneal cavity is unremarkable.

At this time, representative samples of heart blood, femoral blood, bile, urine, and eye fluid are taken for toxicologic examination.

AUTOPSY REPORT

Case No.: 24COR05410

Page 9 of 14

CARDIOVASCULAR SYSTEM:

The heart weighs 290 grams. The epicardial surface is smooth. The right ventricle is 0.2 cm thick, the left ventricle is 1.2 cm thick, and the septum is 1.4 cm thick. The chambers of the heart are of normal size. The valve circumferences are as follows: aortic valve – 6 cm; pulmonic valve – 6 cm; mitral valve – 10 cm; tricuspid valve – 12 cm. The valve leaflets exhibit no thrombi or vegetations. The coronary ostia are normal in patency. On sectioning, the coronary arteries are unremarkable. The myocardium is red-brown and homogeneous.

The aorta has a smooth lining and is unremarkable. The bifurcation of the iliacs is patent. The venae cavae and pulmonary artery and veins are unremarkable.

There are gunshot-associated transections of the right internal carotid artery and right internal jugular vein.

RESPIRATORY SYSTEM:

The right lung weighs 310 grams, and the left lung weighs 480 grams. The trachea and bronchi are unremarkable. The pleurae are smooth and glistening. The lungs are not distended and are variegated pink-red-gray. The lung tissue is congested. No masses, exudates, or focal lesions are seen. The hilar lymph nodes are unremarkable.

AUTOPSY REPORT

Case No.: 24COR05410

Page 10 of 14

HEPATOBIILIARY SYSTEM:

The liver weighs 980 grams. The external surface is smooth. The parenchyma is brown with the usual lobular architecture and no focal or diffuse lesions. The hepatic artery and veins are unremarkable.

The gallbladder contains a normal amount of bile and has a smooth mucosa. No stones are present. The bile ducts are patent.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 70 grams. The capsule is glistening. The parenchyma is clearly defined and homogeneous. The thymus weighs 50 grams and is unremarkable.

There are no enlarged lymph nodes.

GASTROINTESTINAL SYSTEM:

The esophagus is unremarkable. The stomach contains approximately 15 ml of brown fluid and partially digested food. No pills or capsules are identified in the stomach. The gastric mucosa is unremarkable. The small and large intestines are unremarkable.

The appendix is identified and unobstructed.

The retroperitoneum is unremarkable.

PANCREAS:

The pancreatic parenchyma is tan-white and homogeneous.

AUTOPSY REPORT

Case No.: 24COR05410

Page 11 of 14

UROGENITAL SYSTEM:

The kidneys are in the usual position and without malformation. The right kidney weighs 100 grams, and the left kidney weighs 90 grams. The surfaces are smooth and glistening. The capsules strip easily, revealing red-brown surfaces. The corticomedullary junctions are well-defined. The renal papillae have no hemorrhage or necrosis. The calyceal and collecting systems are not remarkable. The renal arteries and veins are unremarkable.

The ureters are not dilated or obstructed.

The bladder contains 100 ml of clear, yellow urine. The bladder exhibits the usual tan-pink mucosa without focal lesion.

The prostate gland is not noted to impinge upon the urethra.

ADRENALS:

Both adrenals are of the usual size and shape, and the cut surfaces show a thin yellow cortex and brown-gray medulla.

MUSCULOSKELETAL SYSTEM:

The muscles are well-developed and of the usual color and consistency. The ribs and spine exhibit the usual bone density and marrow. There are gunshot-associated fractures of the skull, right greater horn of the hyoid bone, and superior right scapula.

AUTOPSY REPORT

Case No.: 24COR05410

Page 12 of 14

NECK AND ORAL CAVITY:

Gunshot injuries of the neck include fracture of the right greater horn of the hyoid bone, transections of the right internal carotid artery and right internal jugular vein, and associated soft tissue hemorrhage. The thyroid and cricoid cartilages are intact. The thyroid parenchyma is red-brown and homogeneous. The laryngeal mucosa is pink and smooth. There is no obstruction of the upper airway. The epiglottis and vocal cords are unremarkable.

Gunshot injuries to multiple left upper teeth are as previously described. Additionally, a 0.5 inch gunshot-associated laceration of the right posterior aspect of the tongue was previously described. Following removal of the tongue, gunshot-associated fractures of the posterior hard palate (bilateral palatine bones) are seen.

CENTRAL NERVOUS SYSTEM:

The scalp is reflected, revealing a 1.5 inch hemorrhage of the right parietal scalp and a 2.5 inch hemorrhage of the right temporal scalp. There is patchy brown discoloration of the calvarium, consistent with past exposure to a tetracycline class antibiotic. There is extensive fracture of the right temporal bone and right side of the the sphenoid bone, with linear extensions to involve the frontal bone (right side), ethmoid bone, right parietal bone, and occipital bone (right side). The dura mater is white and smooth and there is gunshot injury to the right dura mater. There is diffuse subarachnoid hemorrhage.

AUTOPSY REPORT

Case No.: 24COR05410

Page 13 of 14

The brain weighs 1250 grams. The gyri occupy their usual position. The brain is notable for a 5 cm gunshot-associated laceration of the right cerebellar hemisphere and a 5 x 2 cm laceration of the inferior right temporal lobe; multiple sections through the cerebrum, cerebellum, and brainstem otherwise exhibit the usual pattern.

POSTMORTEM X-RAYS:

Postmortem X-rays show pneumocephalus and gunshot-associated fractures of the skull and right scapula.

X-rays additionally show multiple small, retained bullet fragments in the mid and right inferior aspects of the head, posterolateral right neck, and right shoulder/upper back.

Gunshot-associated fracture of the right greater horn of the hyoid bone was previously described.

EVIDENCE:

Major case handprints are obtained by FBI Major Incidents Program Manager Brian Johnson prior to the beginning of the autopsy. Additionally, gunshot residue test samples were collected by autopsy technician Lauren Karran from the bilateral hands prior to the autopsy.

AUTOPSY REPORT

Case No.: 24COR05410

Page 14 of 14

Evidence obtained during the autopsy includes samples of head and pubic hair, fingernail clippings from both hands, an oral/gingival reference swab, the recovered bullet jacket fragment, the decedent's clothing and the zip-tie handcuffs.

The autopsy evidence was collected by technician Bernadette Buchholz and placed in appropriately labeled envelopes.

MICROSCOPIC EXAMINATION:

The microscopic examination is held at the stage of block preparation.

**ALLEGHENY COUNTY OFFICE OF THE MEDICAL EXAMINER
FORENSIC LABORATORY DIVISION**

1520 Penn Avenue, Pittsburgh, PA 15222

TOXICOLOGY SECTION REPORT

Laboratory Case 24LAB03858 **Report #** 1 **Pathology Case No:** 24COR05410 **Date** July 22, 2024

Deceased Name: Thomas Matthew Crooks

Autopsy Prosecutor: Ariel Goldschmidt

4 - Heart Blood

GC/MS

Screen (GC/MS)

Not Detected

5 - Urine

GC Headspace

Alcohol

Not Detected

GC/MS

Screen (GC/MS)

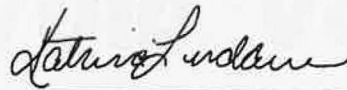
Not Detected

6 - Eye Fluid

GC Headspace

Alcohol

Not Detected



Katrina M. Lindauer

Scientist

**ALLEGHENY COUNTY OFFICE OF THE MEDICAL EXAMINER
FORENSIC LABORATORY DIVISION**

1520 Penn Avenue, Pittsburgh, PA 15222

TOXICOLOGY SECTION REPORT

Laboratory Case 24LAB03858 **Report #** 1 **Pathology Case No:** 24COR05410 **Date** July 22, 2024

Deceased Name: Thomas Matthew Crooks

Autopsy Prosector: Ariel Goldschmidt

Specimen(s) Submitted:

By: Rachel Ecoff

Received By: Lona A. Daley

Date Submitted: 07/16/2024

Time: 8:40 am

<u>Item</u>	<u>Qty</u>	<u>Type and Packaging</u>	<u>Notes</u>
1	1	0-10 mL Gray top tube evidence classified as Heart Blood	10 mL
2	1	0-10 mL Gray top tube evidence classified as Heart Blood	10 mL
3	1	0-10 mL Gray top tube evidence classified as Heart Blood	8 mL
4	1	0-10 mL Red top tube evidence classified as Heart Blood	10 mL
5	1	0-10 mL Yellow top tube evidence classified as Urine	10 mL
6	1	0-10 mL Red top tube evidence classified as Eye Fluid	1 mL
7	1	0-10 mL Red top tube evidence classified as Bile	3 mL

By: Lauren Karran

Received By: Lona A. Daley

Date Submitted: 07/16/2024

Time: 2:21 pm

<u>Item</u>	<u>Qty</u>	<u>Type and Packaging</u>	<u>Notes</u>
8	1	envelope evidence classified as Hair	

Report of Laboratory Findings:

1 - Heart Blood

GC Headspace

Whole Blood Alcohol	Not Detected
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ELISA

Buprenorphine	Not Detected
Benzodiazepines	Not Detected
Cocaine metabolite	Not Detected
Opiates	Not Detected
Oxycodone	Not Detected
Fentanyl	Not Detected
Methamphetamine	Not Detected
Barbiturates	Not Detected
Methadone	Not Detected
Amphetamine	Not Detected
Carisoprodol	Not Detected

2 - Heart Blood

Antimony	* Refer to report from NMS
Selenium	* Refer to report from NMS
Lead	* Refer to report from NMS



NMS Labs

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200 Welsh Road, Horsham, PA 19044-2208

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

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

Toxicology Report

Report Issued 07/22/2024 10:48

To: 10020

Allegheny Coroner's Forensic Division Labs.

Attn: Mandy Tinkey

1520 Penn Ave

Pittsburgh, PA 15222

Patient Name CROOKS, THOMAS MATTHEW

Patient ID 24LAB03858

Chain 24289575

DOB Not Given

Sex Male

Workorder 24289575

Page 1 of 3

Positive Findings:

Analyte	Result	Units	Matrix Source
Lead	5.9	mcg/dL	001 - Blood
Antimony	1.7	mcg/L	001 - Blood
Selenium	160	mcg/L	001 - Blood

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
2693B	Metals/Metalloids Acute Poisoning Panel, Blood

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Glass Tube	9.75 mL	Not Given	Blood	24LAB03858 #2

All sample volumes/weights are approximations.

Specimens received on 07/18/2024.



CONFIDENTIAL

Workorder 24289575
Chain 24289575
Patient ID 24LAB03858

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Lead	5.9	mcg/dL	0.50	001 - Blood	ICP/MS
Results verified by repeat analysis.					
Antimony	1.7	mcg/L	1.0	001 - Blood	ICP/MS
Selenium	160	mcg/L	20	001 - Blood	ICP/MS

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:

1. Antimony - Blood:

Pentavalent antimony analytes are used in medicine as parasiticides. Additionally, antimony has been used in the production of pigments, alloys, and flame-retardants.

Typical normal antimony concentrations in blood are less than 5 mcg/L. Patients administered stibogluconate sodium for leishmaniasis developed an average peak blood antimony concentration of 8800 ng/mL at 1.3 hr post-intramuscular dosing.

NMS Labs has demonstrated that certain collection tubes can artifactually increase measured antimony concentrations rendering reported concentrations difficult to interpret. Please call NMS Client Services if more specific information is required.

2. Lead - Blood:

Lead is an environmental toxicant that may deleteriously affect the nervous, hematopoietic, endocrine, renal, and reproductive systems. In the general population, the major exposure routes are inhalation of lead dusts and fumes and ingestion of lead from contaminated hands and food stuffs. Drinking water may also contribute to the total body burden. In children, paint chips from lead based paints may be a source of exposure. According to the U.S. Centers for Disease Control and Prevention (CDC), the blood lead reference level for adults is less than 5 mcg/dL. For workplace information, refer to the U.S. Occupational Safety and Health Administration (OSHA) website.

In young children, lead exposure is a particular hazard because children absorb lead at a higher rate than do adults, and because the developing nervous system of children are more susceptible to the effect of lead. The U.S. Centers for Disease Control and Prevention (CDC) reference value based on the 97.5th percentile of the blood lead level distribution in U.S. children aged 1-5 years is 3.5 mcg/dL.

3. Selenium - Blood:

Selenium is an essential trace metal. It is also used in various industries, e.g., electronic semiconductors and rubber. In medicinals, selenium can be found in shampoos and dietary supplements. The compound exists in elemental, organic, and inorganic forms. Reported reference concentrations of selenium in blood of normal individuals range from 60 - 230 mcg/L. These concentrations are diet dependent.

Adverse effects to selenium have included irritation of the skin and mucous membranes, nausea, diarrhea, fatigue, alopecia, joint pain, abdominal pain, tremor, corrosive gastritis, cyanosis, coma, and death.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



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Workorder 24289575
Chain 24289575
Patient ID 24LAB03858

Page 3 of 3

Workorder 24289575 was electronically
signed on 07/22/2024 09:09 by:

Erin A. Spargo, Ph.D. F-ABFT
Forensic Toxicologist

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.

Test 2693B - Metals/Metalloids Acute Poisoning Panel, Blood - Blood

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Antimony	1.0 mcg/L	Lead	0.50 mcg/dL
Arsenic	5.0 mcg/L	Thallium	0.50 mcg/L
Bismuth	0.50 mcg/L		

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Mercury	1.0 mcg/L		

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Selenium	20 mcg/L		

Specimens for elemental testing should be collected in certified metal-free containers. Elevated results for elemental testing may be caused by environmental contamination at the time of specimen collection and should be interpreted accordingly. It is recommended that unexpected elevated results be verified by testing another specimen in a trace metal free container.

Office of the Coroner
Butler County, PA
Wm. F. Young, III, Coroner

P.O. Box 1208
Butler, PA 16003

Office: 724-477-3137
Fax: 724-477-3157

Case# 2024-047cc

Case Summary Report

Report Date: 8/22/2024

Decedent Information							
Name: Crooks, Thomas Matthew		Next of Kin: Crooks, Matthew/Mary					
Address: 2506 Milford Drive		Relationship: Parents					
City/State/Zip: Bethel Park, PA 15102		Address: 2506 Milford Drive					
Municipality:		City/State/Zip: Bethel Park, PA 15102					
Date of Birth: 09/20/2003	Age: 20 Years	Home Phone: 412-721-3613					
Soc. Sec. #: 161-82-0143	Gender: Male	Other: 484-574-3375					
Marital Status: Never Married	Race: White	Phone:					
Case Details							
Date of Death: 07/13/2024	Time: 06:25 PM (Pro)	Place: 615 Whitestown Road					
Pronounced:	Time:	Muni of Death: Butler Township					
Injury Date: 07/13/2024	Time: 06:11 PM (Apx)	Injury at Work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Cause: Gunshot Wound to the Head		BAC: 0.00000					
Due to:		CO:					
Due to:							
Due to:							
Manner: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Undetermined							
Att. Physician:							
Phones:							
Att. Physician2:							
Phones:							
Att. Physician3:							
Phones:							
Autopsy: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Autopsy Date: 07/14/2024					
Location: Allegheny County Medical Examiner Office		Performed by: Goldschmidt, Ariel					
Police Dept: Pennsylvania State Police		Officer/Incid #: Any Trooper					
Decedent Medications / Drugs							
Medication Category	Substance	Dosage	Regimen	Prescribed By	Expected	Found	Contrib
Filled: QTY:							
Description of Incident Leading to Death							
<p>On 07/13/24, the Donald Trump Rally took place at Butler Farm Show Grounds (625 Evans City Road, Butler, PA 16001). The subject was allegedly seen at a neighboring business to the Farm Show Grounds (AGR International 615 Whitestown Road, Butler, PA 16001). On 07/13/24 at 18:11, while Donald Trump was speaking, gunfire was heard. The subject was seen on the roof of a building on the property of AGR International. At the cease of gunfire, the subject was found lying prone on the rooftop by emergency personnel, with a rifle near him. The subject's hands were zip tied behind his back by emergency personnel and pronounced deceased at 18:25 on 07/13/24 by ESU Medic Michel Vasiladiotis-Nicol. BCCO was contacted to remove the decedent at ~06:15 on 07/14/24. The decedent was removed from the roof top at AGR International by Coroner Young and Deputy Bosiljevac. The decedent was taken to Allegheny County Medical Examiner's Office for a pathological examination. The remains were then released to Beinhauer-Connell FH.</p>							
Funeral Home: Beinhauer-Connell Funeral Home, 5120 W Library Ave., Bethel Park, PA 15102							
Phones:							
Coroner / Deputy Information							
Submitted by: Wm. F. Young, III				Phone:			