

**SUPPLEMENTARY REPORT  
CLEVELAND POLICE DEPARTMENT**

REPORT # 2022-155158  
HOM 22-69  
F.I.T. 22-06

DATE OF THIS REPORT: June 6, 2022

**SUBJECT OR CRIME:** Felonious Assault on a P.O. X2/ Aggravated Robbery Firearm / Police Intervention/  
Shooting Foreign Agency/ Abated by Death/ Gun Confiscation X2

<b>VICTIM:</b> P.O. [REDACTED]	<b>ADDRESS</b> [REDACTED]	<b>PHONE</b> [REDACTED]	<b>AGE</b> [REDACTED]	<b>SEX</b> [REDACTED]	<b>RACE</b> [REDACTED]	<b>M/S</b> [REDACTED]
<b>ADDRESS OF OCCURRENCE</b> 3495 E.98 <sup>th</sup> Apt 703	<b>TYPE OF PLACE</b> Bedroom	<b>ZONE</b> 4-3				
<b>TIME OF OCCURRENCE</b> APPROXIMATELY 1734 HRS	<b>DATE OF OCCURRENCE</b> June 2, 2022	<b>DAY OF WEEK</b> Thursday				

On June 6, 2022, while assigned to the Cleveland Police Department, Homicide Unit Car 8187, on duty and in company with Detective's Legg #2198, Loomis #2416 and Hudson #1915, we had the occasion to further investigate this incident.

Below are the facts as they relate to this investigation.

**POST MORTEM**

**CUYAHOGA COUNTY MEDICAL EXAMINERS CASE NUMBER: IN2022-01026**

On today's date I spoke with Forensic Pathologist Doctor Thomas Gilson of the Cuyahoga County Medical Examiner's Office in connection with Demond Eskridge's injuries.

Doctor Gilson reports that the decedent suffered from two perforating gunshot wounds.

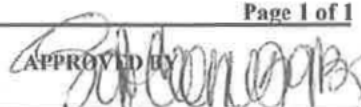
1. Gunshot wound to the right back, with stippling at the entrance wound. One bullet was recovered. Bullet traveled back to front, right to left and downward.
2. Gunshot wound to the upper left shoulder, with stippling at the entrance wound. One bullet was recovered. Bullet traveled front to back, left to right, and downward.

Doctor Gilson reports Eskridge's cause of death are injury suffered from the gunshot wound.

Doctor Gilson ruled that the manner of death is a **HOMICIDE**.

Further investigation to continue.

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<b>INVESTIGATING OFFICER</b> Det. C Schultz, Det. Legg, Det. Loomis	<b>PLATOON</b> 1	<b>CAR</b> 8187	<b>APPROVED BY</b> 
<b>WEATHER</b> <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW	<b>TEMP</b> <input type="radio"/> <b>WIND</b>	<input type="checkbox"/> A.I.U <input type="checkbox"/> S.I.U	<input type="checkbox"/> REQUESTED <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT REQUESTED
<b>ASSIGNMENT RECEIVED FROM:</b> <input type="checkbox"/> RADIO <input type="checkbox"/> DISTRICT <input type="checkbox"/> Det. Bur.	<b>TIME ASSIGNED COMPLETED</b>		