



# OFFICE OF THE MEDICAL EXAMINER

**Jennifer L. Roman, D.O.**

Medical Examiner

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**Steven M. Neuhaus**

*County Executive*

April 20, 2026

Mr. Malcom Burks  
4 Marian Dr  
Newburgh NY 12550

Reference: Final Autopsy Report  
Burks, Marcus

Dear Mr. Burks:

Pursuant to your request, enclosed is a true copy of the Final Autopsy Report for your son, Marcus Burks.

Should you have any questions, please call our office at (845) 615-3870. You have our deepest sympathies for your loss.

Sincerely yours,

Devin Rosenthal

Executive Secretary / Administrative Assistant

/djr

Enclosure

OC26-002



**TRUE COPY**

4/13/26

**OFFICE OF THE MEDICAL EXAMINER  
COUNTY OF ORANGE**



**REPORT OF AUTOPSY**

Name of Decedent: **Burks, Marcus** M.E. Case No.: **OC26-002**  
Autopsy Performed by: **Lauren Mecca, M.D.** Date of Autopsy: **January 2, 2026**

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**FINAL DIAGNOSES**

- I. Cardiopulmonary arrest during law enforcement subdual**
    - A. Prone restraint**
    - B. Use of capsaicin spray**
    - C. Use of conducted electrical device**
  
  - II. Obesity (BMI: 52.1)**
    - A. Cardiomegaly (600 g), left ventricle thickness 1.8 cm**
    - B. Hepatic steatosis**
  
  - III. Blunt force trauma of head**
    - A. Scalp hemorrhage**
    - B. Abrasions, lacerations, and contusion**
    - C. Temporalis hemorrhage**
  
  - IV. Blunt force trauma of torso**
    - A. Abrasions and contusions**
  
  - V. Blunt force trauma of extremities**
    - A. Abrasions and contusions**
    - B. Multiple areas of subcutaneous hemorrhage**
    - C. Avulsion pocket of right posterior forearm**
  
  - VI. History of motor vehicle collision prior to law enforcement subdual**
  
  - VII. Toxicology testing (see Toxicology Report)**
    - A. Expanded panel presumptive positive for caffeine**
    - B. Synthetic cannabinoids screen negative**
  
  - VIII. Nasopharyngeal swab negative for COVID-19, influenza A and B, and respiratory syncytial virus**
-

**Decedent Name: Burks, Marcus**

**M.E. Case No.: OC26-002**

**CAUSE OF DEATH:**

**Cardiopulmonary arrest during law enforcement subdual including prone restraint and use of capsaicin spray and conducted electrical device**

**CONTRIBUTORY CAUSE OF DEATH:**

**Obesity with cardiomegaly**

**MANNER OF DEATH:**

**Homicide**

I hereby certify that I, Lauren Mecca, M.D., Orange County Associate Medical Examiner, have performed an autopsy on the body of Marcus Burks on the 2<sup>nd</sup> day of January 2, 2026, commencing at 9:00 a.m., in the Orange County Medical Examiner Mortuary Facility in the Town of Goshen, New York. This autopsy is performed in the presence of Investigator Richard Cullen of the New York State Police Department and Detective Santiago Molina from the Office of the Attorney General. This autopsy is performed with the assistance of Kate Gessner and Sinead Collado.

**EXTERNAL EXAMINATION:**

The body is that of a well-developed, obese, large-frame, 6'2", 406 lb medium-brown skinned man whose appearance is consistent with the reported age of 39 years. The tightly curly black scalp hair measures up to 3/4". There is a 1/8" mustache and a 3/4" beard. There are no palpable facial fractures. The eyes have brown irides with slightly congested conjunctivae with multiple scattered bulbar and palpebral conjunctival petechiae. The oral cavity has natural teeth and an atraumatic mucosa. There are injuries to the body that will be further described in the "INJURIES" section below. The extremities are free of edema or linear scars overlying subcutaneous veins. The atraumatic fingernails are short. The atraumatic external genitalia are of a those of a normal adult male. The anus is unremarkable. The testes are descended and free of palpable masses. There are no discernable scars or tattoos.

**POSTMORTEM CHANGES:** Rigor mortis is marked and symmetric. Livor mortis is partially fixed and posterior. The body is slightly cool externally and warm internally.

**CLOTHING:** The body is received clad in a cut black t-shirt and a pair of grey underwear. There is a light grey metal chain around the neck. The clothing and necklace are removed, photographed, and released to Investigator Cullen of the New York State Police.

**THERAPEUTIC PROCEDURES:** The following are in place: five adhesive electrocardiogram pads on the anterior torso, an endotracheal tube, and an intravascular catheter in the left antecubital fossa. There is a slight presternal abrasion.

**INJURIES:**

There is blunt force trauma of the head, torso, and extremities.

All descriptions and directions are stated with reference to the standard anatomical planes with the body measured in the horizontal position. The injuries are separated and are described by body region below. Numbering is for descriptive purposes only, no sequence or severity is implied.

**I. BLUNT FORCE TRAUMA OF HEAD.**

There is a 1/2" abraded laceration of the left side of the forehead. Just lateral to this is an area of poorly defined contusion with swelling of the scalp that measures approximately 1 3/4 x 1 3/4".

There is patchy scalp hemorrhage including several discrete areas as follows: a 2 x ¾" hemorrhage of the left frontal region, a 3 x ¾" hemorrhage of the left parietal region, and a 1 x 1" hemorrhage of the right frontal region. There is bilateral temporalis muscle hemorrhage that is greatest on the superior aspect of the right temporalis muscle. There are no skull fractures. There is no intracranial hemorrhage. There are no parenchymal injuries of the brain.

## II. BLUNT FORCE TRAUMA OF TORSO.

There is petechial, purple contusion involving the medial aspect of the left upper shoulder with a 4 x 1" "tail" that extends posteriorly to the left upper back. There two approximately parallel abrasions of the anterior aspect of the left shoulder that measure ½" superiorly and ¼" inferiorly. There are few poorly defined faint areas of petechial hemorrhages of the right upper-to-mid back. There is a 1 ¼ x ¼" abrasion of the right upper back. Approximately 2" below that on the right midback is a 1 x ¼" abrasion. Approximately 5" below that abrasion is a 1 ½ x ¼" abrasion on the right midback. There is a 2 ½ x ¼" contusion of the inferior aspect of the left flank. Reflection of the skin reveals no subcutaneous hemorrhage of the posterior or anterior aspect of the torso.

## III. BLUNT FORCE TRAUMA OF EXTREMITIES.

There are few scattered faint abrasions of the posterior aspect of the right forearm that measure up to 1". Reflection of the skin of the right upper extremity reveals a 3 x ½" slightly hemorrhagic avulsion pocket of the proximal aspect of the right posterior forearm. There is a 1 ½ x ½" area of subcutaneous hemorrhage of the right shoulder.

There are multiple abrasions covering the left elbow that each measure up to 1 ½" in greatest dimension. Reflection of the skin of the left upper extremity reveals a 7 x 1 ½" area of hemorrhage of the posterior aspect of the left upper arm and a 2 x 2" area of hemorrhage overlying the left elbow.

There are multiple abrasions of the left knee and left upper shin that measure up to ½" in greatest dimension. Reflection of the skin of the left lower extremity reveals a 2 ¼ x 1 ¾" area of subcutaneous hemorrhage of the left knee and a 1 x ¾" area of subcutaneous hemorrhage of the left shin.

There are no injuries to the skin or subcutaneous tissue of the right lower extremity.

*These injuries, having been described, will not be repeated.*

## **INTERNAL EXAMINATION:**

**HEAD:** The brain weighs 1,480 g. The leptomeninges are thin, delicate, and transparent. The cerebral gyri are of normal size, configuration, and consistency. The external aspects of the brainstem and cerebellum are not remarkable. The arteries at the base of the brain follow a normal distribution and have no atherosclerosis.

In coronal sections of the cerebral hemispheres, no focal abnormalities are noted in the cortex, white matter, or deep nuclear structures. There are no abnormalities in sections of the brainstem and cerebellum. The ventricles are of normal size and configuration.

NECK: The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and paratracheal soft tissues are without trauma. The upper airway is not obstructed. The base of the tongue is unremarkable.

BODY CAVITIES: The thoracic and abdominal organs are in the normal anatomic relations. There are no fibrous adhesions or abnormal fluid accumulations of the pericardial sac, pleural, or peritoneal cavities.

CARDIOVASCULAR SYSTEM: There is minimal atherosclerosis of the aorta. The venae cavae and pulmonary arteries are without thrombus or embolus. The heart weighs 600 g and has a normal distribution of right predominant coronary arteries without stenosis of the epicardial vessels. The myocardium is uniformly brown without pallor, hemorrhage, softening, or scars. The left ventricle wall is 1.8 cm thick. The endocardial surfaces and four cardiac valves are unremarkable.

RESPIRATORY SYSTEM: The right lung weighs 820 g; the left lung weighs 850 g. Each lung is congested and edematous. There is no hemorrhage, consolidation, or obstruction. The bronchial distribution and vasculature are unremarkable.

LIVER, GALLBLADDER, AND PANCREAS: The liver weighs 4,780 g, has an intact capsule and soft, yellow-tan parenchyma without fibrous texture. The gallbladder contains approximately 10 mL of bile and is unremarkable. The pancreas is diffusely hemorrhagic but has normal lobulation and texture.

HEMIC AND LYMPHATIC SYSTEMS: The spleen weighs 260 g, has a smooth intact capsule, and soft dark red parenchyma with normal white pulp. There are no lymph node enlargements.

GENITOURINARY SYSTEM: The right kidney weighs 270 g; the left kidney weighs 300 g. Each kidney has a smooth subcapsular surface and unremarkable architecture and vasculature. The ureters maintain uniform caliber and empty into an unremarkable urinary bladder containing approximately 15 mL of urine. The prostate gland and testes are of normal size, color, and consistency.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are each normal in size, color, and consistency.

DIGESTIVE SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 310 mL of tan fluid with soft, nondescript apparent partially digested food material. The small intestine, appendix, and large intestine are unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs, and pelvis are without fracture. The musculature is normally distributed and is unremarkable.

**Decedent Name: Burks, Marcus**

**M.E. Case No.: OC26-002**

**HISTOLOGY:** Specimens are submitted for histological analysis; a separate report will be issued.

**TOXICOLOGY:** Specimens are submitted for toxicological analysis; a separate report will be issued.

**MICROBIOLOGY:** A swab of the nasopharynx is submitted for viral analysis.

**EVIDENCE:** The clothing and necklace are released to the New York State Police.



Lauren Mecca, M.D.  
Orange County Associate Medical Examiner

OC26-002

LM:vlj

01/05/26:vlj

04/03/26:vlj

4/10/26:djr



OFFICE OF THE MEDICAL EXAMINER  
COUNTY OF ORANGE



REPORT OF MICROSCOPIC EXAMINATION

Name of Decedent: **Burks, Marcus** M.E. Case#: **OC26-002**  
Autopsy Performed by: **Lauren Mecca, M.D.** Date of Autopsy: **January 2, 2025**

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Liver x 1 (A) – Moderate, predominantly macrovesicular steatosis. Slight patchy chronic inflammation around portal tracts. No other significant histopathologic changes seen.

Kidney x 1 (B) – Rare globally sclerosed glomeruli. Few foci of chronic cortical interstitial inflammation. Few arterioles with slightly increased wall thickness. No other significant histopathologic changes seen.

Lung x 1 (C-F) - Marked vascular congestion with patchy areas of intact erythrocytes filling alveolar spaces. Many alveolar spaces without intact erythrocytes show pulmonary edema. Rare patchy foci of chronic inflammation predominantly around airways and vessels. No other significant histopathologic changes seen.

Pancreas x 1 (G) – Autolysis. Possible foreign (vegetable) matter adherent to surface of section. No other significant histopathologic changes seen.

Heart x 1 (H-J) – Patchy cardiomyocyte hypertrophy. No inflammation or other significant histopathologic changes seen.

LM:vlj  
03/27/26

Examined by: \_\_\_\_\_

Date: \_\_\_\_\_

3/27/2026



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

Supplemental Report

Patient Name BURKS, MARCUS  
Patient ID OC26-002  
Chain 26007676  
DOB 10/08/1986  
Sex Male  
Workorder 26007676

Report Issued 03/20/2026 17:00  
Last Report Issued 01/13/2026 10:04

To: 10270  
Orange County Office of the Medical Examiner  
Attn: Dr. Jennifer Roman  
20 Wells Farm Road  
Goshen, NY 10924

Positive Findings:

Analyte	Result	Units	Matrix Source
Caffeine	Presump Pos	mcg/mL	001 - Femoral Blood
Creatinine (Vitreous Fluid)	0.652	mg/dL	004 - Vitreous Fluid
Sodium (Vitreous Fluid)	150	mmol/L	004 - Vitreous Fluid
Potassium (Vitreous Fluid)	7.47	mmol/L	004 - Vitreous Fluid
Chloride (Vitreous Fluid)	125	mmol/L	004 - Vitreous Fluid
Glucose (Vitreous Fluid)	20.1	mg/dL	004 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	15.5	mg/dL	004 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)
8052B	Postmortem, Expanded, Blood (Forensic)
8050U	Postmortem, Urine Screen Add-On (6-MAM Quantification only) (Forensic)
9566B	Synthetic Cannabinoids Screen (Add-On), Blood

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	NaF/KOx Plastic Tube	8.75 mL	01/02/2026 09:00	Femoral Blood	OC26-002
002	NaF/KOx Plastic Tube	8.75 mL	01/02/2026 09:00	Femoral Blood	OC26-002
003	Red Stopper Glass Tube	9 mL	01/02/2026 09:00	Cardiac Blood	OC26-002
004	Clear Cap Plastic Tube	4.75 mL	01/02/2026 09:00	Vitreous Fluid	OC26-002
005	Red Stopper Glass Tube	8 mL	01/02/2026 09:00	Urine	OC26-002
006	White Cap Plastic Container	32.3 g	01/02/2026 09:00	Liver Tissue	OC26-002
007	White Cap Plastic Container	50.1 g	01/02/2026 09:00	Brain Tissue	OC26-002

All sample volumes/weights are approximations.  
 Specimens received on 01/07/2026.

**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Presump Pos	mcg/mL	0.20	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique is recommended.					
Creatinine (Vitreous Fluid)	0.652	mg/dL	0.500	004 - Vitreous Fluid	Chemistry Analyzer
Sodium (Vitreous Fluid)	150	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	7.47	mmol/L	1.00	004 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	125	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	20.1	mg/dL	10.0	004 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	15.5	mg/dL	2.00	004 - Vitreous Fluid	Chemistry Analyzer

**Examination of the specimen(s) submitted did not reveal any reportable findings by procedure(s) outlined in the accompanying Analysis Summary, other than those listed above. Interpretation of reported findings should be based on the totality of available case information. Reference information is not case-specific but is provided as a general guide.**

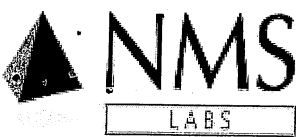
**Reference Comments:**

- Chloride (Vitreous Fluid) (Cl-) - Vitreous Fluid:  
Normal: 105 - 135 mmol/L
- Creatinine (Vitreous Fluid) - Vitreous Fluid:  
Normal: 0.6 - 1.3 mg/dL
- Glucose (Vitreous Fluid) (C6H12O6; D-glucose (biologically active); Dextrose; L-glucose) - Vitreous Fluid:  
Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20C).

- Potassium (Vitreous Fluid) (K+) - Vitreous Fluid:  
Normal: <15 mmol/L  
Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.
- Sodium (Vitreous Fluid) (Na+) - Vitreous Fluid:



**Reference Comments:**

Normal: 135 - 150 mmol/L  
Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.

- 6. Urea Nitrogen (Vitreous Fluid) (Carbamide; carbonyl diamide; carbonyldiamine) - Vitreous Fluid:  
Normal: 8 - 20 mg/dL

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.

CERTIFICATION: Pursuant to New York Criminal Procedure Law Section 190.30(2), I certify that this report was made by me or is a true copy thereof for testing conducted at NMS Laboratories. I further certify that I am authorized by NMS Laboratories to make this certification.

For discovery information according to NY Article 245, please email the workorder number (upper right portion of this report) to ExpertServices@NMSLabs.com as soon as possible. Once collated, the information may be accessed via NMS Labs secure web portal.

Workorder 26007676 was electronically signed on 03/20/2026 16:17 by:

Nicholas P. Laraia, MSFS, D-ABFT-FT  
Forensic Toxicologist

**Analysis Summary and Reporting Limits:**

The following test(s) were performed for this case; the scope of each test includes the analyte(s) listed along with the associated reporting limit(s). The reporting limit is the lowest concentration of the analyte that will be reported as positive. Only results that meet reporting criteria at or above the reporting limit appear in the Positive Findings section of the report.

Test 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic): 004 - Vitreous Fluid

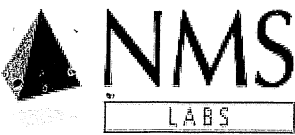
-Analysis by Chemistry Analyzer for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Chloride (Vitreous Fluid)	50.0 mmol/L	Potassium (Vitreous Fluid)	1.00 mmol/L
Creatinine (Vitreous Fluid)	0.500 mg/dL	Sodium (Vitreous Fluid)	50.0 mmol/L
Glucose (Vitreous Fluid)	10.0 mg/dL	Urea Nitrogen (Vitreous Fluid)	2.00 mg/dL

Test 8050U - Postmortem, Urine Screen Add-On (6-MAM Quantification only) (Forensic): 005 - Urine

-Analysis by Enzyme Immunoassay (EIA) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
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



**Analysis Summary and Reporting Limits:**

Test 8052B - Postmortem, Expanded, Blood (Forensic): 001 - Femoral Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

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

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

This test is pending New York State approval.

Test 9566B - Synthetic Cannabinoids Screen (Add-On), Blood: 001 - Femoral Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
4-fluoro-BINACA 3,3-dimethylbutanoic acid	5.0 ng/mL	ADMB-CHMINACA	0.10 ng/mL
4-fluoro-MDMB-BINACA	0.10 ng/mL	ADMB-FUBINACA	1.0 ng/mL
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	0.10 ng/mL	APP-BINACA	0.10 ng/mL
5-fluoro-MDMB-PINACA / 5-fluoro-EMB-PINACA	0.20 ng/mL	FUBINACA 3,3-dimethylbutanoic acid	5.0 ng/mL
5-fluoro-PICA 3,3-dimethylbutanoic acid	5.0 ng/mL	FUBINACA 3-methylbutanoic acid	5.0 ng/mL
5-fluoro-PINACA 3,3-dimethylbutanoic acid	5.0 ng/mL	MDMB-4en-PINACA	0.10 ng/mL
5-fluoro-PINACA 3-methylbutanoic acid	5.0 ng/mL	MMB-FUBINACA	0.10 ng/mL

\*\*\*End of Report\*\*\*