

**THE EIGHTEENTH JUDICIAL DISTRICT  
DISTRICT COURT, SEDGWICK COUNTY, KANSAS**

**ELECTRONICALLY FILED**  
2021 Dec 27 AM 9:45  
CLERK OF THE SEDGWICK COUNTY DISTRICT COURT  
CASE NUMBER: 2021-MV-000961-CR

In the Matter of )

Cedric Lofton )

**Case Number:** \_\_\_\_\_

**AUTOPSY REPORT**



## REGIONAL FORENSIC SCIENCE CENTER

Shelly Steadman, Ph.D. – Director  
Timothy S. Gorrill, M.D., Ph.D. – District Coroner - Chief Medical Examiner

### AUTOPSY REPORT

NAME: Lofton, Cedric

CASE: 18-21-3006

ADDRESS: 1221 South Fox Run, Wichita, Kansas 67207

DATE: 9/27/2021

17 - year - old male

TIME: 1020 hours

PERSONS PRESENT AT AUTOPSY:

Forensic Assistant: Kinsey Carroll

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#### PATHOLOGIC DIAGNOSES

- I. Complications of cardiopulmonary arrest sustained after physical struggle while restrained in the prone position
  - A. Developed cardiopulmonary arrest after handcuffs applied while restrained in the prone position the morning of 9/24/2021
  - B. Hospitalized on 9/24/2021, status post cardiopulmonary resuscitation
    1. Hospital course complicated by anoxic brain injury, acute respiratory failure, and acute kidney injury
  - C. Pulmonary congestion and edema, and acute bronchopneumonia
- II. Abrasions and contusions
- III. COVID-19 positive (per hospital records)
- IV. Toxicology studies are positive for carboxytetrahydrocannabinol in the urine

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CAUSE OF DEATH: Complications of cardiopulmonary arrest sustained after physical struggle while restrained in the prone position

MANNER: Homicide

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Timothy S. Gorrill, M.D., Ph.D.  
District Coroner – Chief Medical Examiner

12/21/2021  
Date signed

## **CIRCUMSTANCES OF DEATH**

According to reports, the decedent ran away from his foster home on 9/21/2021, and returned around 0000 hours on 9/24/2021, exhibiting erratic and aggressive behavior toward his foster family. Law enforcement personnel responded to the scene, and the decedent was taken into custody with the intention of taking him to a behavior health unit at a local hospital. While in custody the decedent assaulted one or more of the officers around him, and he was taken to the Sedgwick County Juvenile Intake and Assessment Center (JIAC) to be processed, arriving in a WRAP restraint system.

Video footage of subsequent events at the JIAC facility is reviewed and correlated with a timeline of events provided by law enforcement. The decedent was placed in a cell at approximately 0245 hours, and the WRAP system and handcuffs were subsequently removed by officers. A staff member opened the door to the cell at 0420 hours, allowing the decedent to enter the lobby. While in the lobby the decedent approached the staff member, who then motioned for another staff member to enter the lobby. The decedent was uncooperative and agitated. At 0426 hours the two staff members grabbed hold of the decedent's upper extremities. Shortly thereafter the decedent freed his right upper extremity and punched one of the staff members in the head. Staff members then struggled with the decedent and restrained him in a nearby room with the assistance of additional staff members. Shackles were placed around the decedent's ankles, and he was moved to the floor at 0433 hours, and rolled to the prone position. The decedent continued to struggle while restrained by staff. Handcuffs were applied with the decedent's hands behind his back at 0508 hours, after which the decedent calmed down, making occasional snoring sounds. Staff members were unable to locate a pulse at 0512 hours. The decedent was rolled onto his back and staff were still unable to find a pulse nor elicit a response to sternal rub. At 0513 hours staff initiated chest compressions and called for rescue personnel.

Rescue personnel arrived on scene and resumed resuscitative efforts, with eventual return of spontaneous circulation. He was transported to a local hospital, where his hospital course was complicated by acute respiratory failure, acute kidney injury, and anoxic brain injury. His urine drug screen was positive for cannabinoids. The decedent also tested positive for COVID-19. The decedent remained unresponsive, and brain death was pronounced at 0155 hours on 9/26/2021.

## **POSTMORTEM EXAMINATION**

An autopsy is performed on the body of Cedric Lofton at the Sedgwick County Regional Forensic Science Center, Wichita, Kansas on September 27<sup>th</sup>, 2021.

## **RADIOGRAPHY**

Full body x-rays demonstrate the presence of medical therapy.

## **CLOTHING**

The body is received unclad accompanied by: see chain of custody documents.

## **EXTERNAL EXAMINATION**

The body is received in a body bag. Body identification includes a yellow band around the right ankle with the case number 18-21-3006 and the name "Lofton, Cedric," a hospital band around the left wrist, and a tag affixed to the left 1<sup>st</sup> toe. The body is fingerprinted and photographed.

The body is that of a well-developed, well-nourished, adult male who weighs 135 pounds, is 70 inches in height and appears compatible with the stated age of 17 years.

The unembalmed body is cool to touch. Rigor mortis is well-developed in the extremities and the jaw. Unfixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure. Blunt injuries are present, and are described below. The scalp hair is black and measures up to 8 inches in length. The irises are brown. The corneas are translucent. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual. The teeth are in a good state of repair. The neck is unremarkable. The thorax is well-developed and symmetrical. The abdomen is flat. The anus and back are unremarkable. The genitalia are those of a normal adult male. The extremities are well-developed and symmetrical, without absence of digits.

## **IDENTIFYING MARKS AND SCARS**

A tattoo of a diamond is on the flexor left forearm.

## **MEDICAL INTERVENTION**

Evidence of medical intervention includes:

- an orally inserted airway
- an orogastric tube
- a cervical collar around the neck
- a cluster of four needle punctures on the right upper anterior chest
- electrocardiogram electrodes on the anterior trunk
- a Foley catheter entering the bladder
- a rectally inserted monitor
- a triple lumen catheter entering the right femoral crease
- a single lumen catheter entering the flexor right wrist
- a single lumen catheter entering the right antecubital fossa
- and an electrocardiogram electrode on the anterior distal right thigh.

## **EVIDENCE OF INJURY**

### **Description of blunt force injuries**

Discontinuous scabbed purple-brown abrasion is on the left cheek, lateral to the left eye, and inferior left forehead, in an area 3 x 4 ½ inches. Discontinuous scabbed abrasion is on the left

side of the nose,  $\frac{1}{2} \times 1 \frac{1}{4}$  inch. A scabbed abrasion is on the inferolateral left nostril,  $\frac{3}{16} \times \frac{1}{4}$  inch. A scabbed vertical abrasion is centered on the outer margin of the left lower lip,  $\frac{1}{8} \times \frac{3}{8}$  inch. An oblique linear faint purple abrasion is on the lateral right cheek below the ear,  $\frac{1}{4}$  inch. Reflection of the scalp reveals contusion in subcutaneous tissue of the left forehead deep to the aforementioned abrasion on the inferior left forehead,  $\frac{3}{4} \times 1 \frac{1}{2}$  inch.

A vertical purple linear scabbed abrasion is on the lateral left upper neck below the ear,  $\frac{1}{8} \times \frac{5}{8}$  inch. Two faint purple linear abrasions are on the lateral right upper neck,  $\frac{3}{8}$  inch each.

A purple abrasion is on the anterosuperior left shoulder,  $\frac{3}{4} \times 1$  inch. Purple abrasions are on the anterosuperior right shoulder,  $1 \times 1 \frac{1}{2}$  inch, and anterolateral right shoulder,  $1 \times 2$  inches, within poorly circumscribed purple-pink discolored skin of the anterior, superior and lateral right shoulder,  $4 \frac{1}{4} \times 6$  inches. A dark purple-brown abrasion is on the midline upper back,  $\frac{3}{4} \times 1 \frac{1}{4}$  inch. A dark purple-brown abrasion is on the midline upper-to-mid back,  $1 \frac{1}{4} \times 2 \frac{1}{4}$  inches. A dark purple abrasion is on the lateral right upper back,  $\frac{1}{4} \times \frac{5}{8}$  inch. A purple abrasion is on the midline lower back,  $\frac{1}{2} \times \frac{5}{8}$  inch. Hemorrhage is in the anterior right deltoid muscle and over the lateral right clavicle. Slightly raised nodular deformity is on the anterior paraspinal left 11<sup>th</sup> rib, consistent with healed fracture.

A scabbed linear abrasion is on the back of the left hand proximal to the 2<sup>nd</sup> digit,  $\frac{3}{16}$  inch. A scabbed purple abrasion is on the proximal back of the left hand,  $\frac{1}{2} \times \frac{5}{8}$  inch. A scabbed abrasion is on the radial extensor left wrist,  $\frac{3}{16} \times \frac{3}{16}$  inch.

A scabbed oblique linear abrasion is on the proximal back of the right hand in line with the 2<sup>nd</sup> digit,  $\frac{3}{8}$  inch. A horizontal linear abrasion is on the proximal back of the right hand in line with the 3<sup>rd</sup> digit,  $\frac{1}{8}$  inch. Two superficial linear lacerations are on the ulnar distal right forearm,  $\frac{1}{8} \times \frac{5}{8}$  inch each. Two purple abrasions are on the posteroinferior proximal right upper extremity,  $\frac{1}{4} \times \frac{1}{2}$  inch each. An oblique linear purple abrasion is midway along the posterior proximal right upper extremity,  $\frac{3}{4}$  inch.

A purple abrasion is on the medial left ankle,  $\frac{1}{2} \times \frac{5}{8}$  inch.

Two purple abrasions are on the anterior right knee,  $\frac{1}{2} \times \frac{3}{4}$  inch, and  $\frac{1}{2} \times 1 \frac{1}{4}$  inch. A purple abrasion is on the anteroinferomedial right knee,  $\frac{3}{4} \times 1$  inch.

## INTERNAL EXAMINATION

### BODY CAVITIES

No adhesions or abnormal collections of fluid are in any of the body cavities. The body organs are present in normal anatomic position. The subcutaneous fat layer of the abdominal wall is 0.5 cm thick.

**HEAD (CENTRAL NERVOUS SYSTEM)**

The brain weighs 1320 grams and is soft, with friable cerebellum. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are normal caliber. Sections through the brainstem and cerebellum are unremarkable. The spinal cord is not examined.

**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. The tongue is normal.

**CARDIOVASCULAR SYSTEM**

The heart weighs 350 grams. The pericardial surfaces are smooth, glistening and unremarkable. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution with a right dominant system, and are widely patent. The chambers and valves bear the usual size/position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable. The atrial and ventricular septa are intact. The aorta and its major branches arise normally follow the usual course. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

**RESPIRATORY SYSTEM**

The right and left lungs weigh 950 and 650 grams, respectively. Bloody fluid is in the airways. The mucosal surfaces are smooth and congested. The pleural surfaces are smooth, glistening and unremarkable. The pulmonary parenchyma is laden with a marked amount of bloody fluid. The pulmonary arteries are normally developed and patent.

**LIVER AND BILIARY SYSTEM**

The liver weighs 1340 grams. The hepatic capsule is smooth, glistening and intact. It covers red-brown parenchyma with no focal lesions noted. The gallbladder contains about 30 mL of viscid green bile. The extrahepatic biliary tree is patent without evidence of calculi.

**ALIMENTARY TRACT**

The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 200 mL of brown liquid. The small and large bowel are unremarkable. The appendix is present. The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

### **GENITOURINARY TRACT**

The kidneys weigh 200 grams each. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying, smooth, red-brown, firm cortical surfaces. The cortex is sharply delineated from the medullary pyramids. The calyces, pelves and ureters are unremarkable. The urinary bladder contains the tip of a catheter, and 45 mL of clear yellow urine. The mucosa is gray-tan and smooth. The prostate and seminal vesicles are unremarkable.

### **RETICULOENDOTHELIAL SYSTEM**

The spleen weighs 200 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The splenic lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The bone marrow is red-purple and homogenous without evidence of focal abnormality.

### **ENDOCRINE SYSTEM**

The pituitary, thyroid and adrenal glands are unremarkable.

### **MUSCULOSKELETAL SYSTEM**

The bony framework, supporting musculature, and soft tissues are not unusual.

### **EVIDENCE**

The following items are collected and preserved: see chain of custody documents.

### **MICROSCOPIC DESCRIPTION**

Block/slide list:

- 1) Left ventricle, and kidney
- 2) Septum, and kidney
- 3) Right ventricle, and liver
- 4) Left lung
- 5) Right lung
- 6) Frontal lobe
- 7) Cerebellum
- 8) Hippocampus

Brain: Vacuolation of the neuropil, increased perineuronal spaces, and scattered neurons show eosinophilic changes.

Lungs: Congestion, edema and intraalveolar extravasated erythrocytes. Sections from right lung show acute bronchopneumonia, characterized by neutrophilic inflammation with congestion of distal airways, and variably dense neutrophils in alveolar spaces.

Kidneys: Tubules dilated with flattened epithelium, and pink foamy material and occasional cells in lumens.

Heart, and liver: No significant pathological changes.

### SICKLE CELL TEST

Screen for sickle cell disease is negative.

### TOXICOLOGY

Blood (Hospital: 09/24/21; 0609):

Ethanol – Negative

Acetone – Negative

Negative for Amphetamine, Barbiturates, Benzodiazepines, Benzoylcegonine, Carisoprodol, Codeine, Fentanyl, Hydrocodone, Hydromorphone, Meprobamate, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Morphine, Oxycodone, Phencyclidine [PCP], Tramadol, and Zolpidem.

Blood (Heart):

Esmolol – Positive

Negative for Amitriptyline, Amphetamine, Chlordiazepoxide, Cocaine, Codeine, Cyclobenzaprine, Desipramine, Diazepam, Diphenhydramine, Doxepin, Hydrocodone, Imipramine, Meperidine, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Nordiazepam, Nortriptyline, Phencyclidine [PCP], Phentermine, Propoxyphene, Sertraline, Strychnine, Tramadol, Trazodone, Verapamil, and Zolpidem.

Urine:

Carboxytetrahydrocannabinol [THCA] – Positive

Esmolol – Positive

Urine:

Not detected for 4-carboxy-AMB-PINACA\*, 4-carboxy-CUMYL-BINACA\*, 4-carboxy-NA-PIM\*, 5-fluoro-PICA 3,3-dimethylbutanoic acid\*, 5-fluoro-PIC-ACID\*, 5-fluoro-PINACA 3,3-dimethylbutanoic acid\*, 5-fluoro-PINACA 3-methylbutanoic acid\*, 5-fluoro-PINAC-ACID\*, CHMIC-ACID\*, CHMINACA 3,3-dimethylbutanoic acid\*, CHMINACA-3-methylbutanoic acid\*, FUBICA 3,3-dimethylbutanoic acid\*, FUBIC-ACID\*,



FUBINACA 3,3-dimethylbutanoic acid\*, and FUBINACA 3-methylbutanoic acid\*.

Negative for Amitriptyline, Amphetamine, Chlordiazepoxide, Cocaine, Codeine, Cyclobenzaprine, Desipramine, Diazepam, Diphenhydramine, Doxepin, Hydrocodone, Imipramine, Meperidine, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Nordiazepam, Nortriptyline, Phencyclidine [PCP], Phentermine, Propoxyphene, Sertraline, Strychnine, Tramadol, Trazodone, Verapamil, and Zolpidem.

\*Analysis performed by NMS Labs; Horsham, PA.

Comment(s):

Blood (Hospital: 09/24/21; 0609): Presumptive positive cannabinoids by immunoassay – not confirmed.

See attached Center for Forensic Science Research and Education Toxicology Report [Case # 2021-0059], dated 7 Dec 21, for additional analyses.

## OPINION

In my opinion Cedric Lofton died as a result of complications of cardiopulmonary arrest sustained after physical struggle while restrained in the prone position.

The manner of death is homicide.

TG:ml



# REGIONAL FORENSIC SCIENCE CENTER

Shelly Steadman, Ph.D. — Director  
Timothy S. Gorrill, M.D., Ph.D. — Chief Medical Examiner

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## FORENSIC LABORATORY DIVISION TOXICOLOGY LABORATORY REPORT

**NAME:** LOFTON, Cedric

**TOXICOLOGY CASE NO:** 21-1048

**Submitted by:** T. Gorrill, M.D.

**Agency Case No:** 18-21-3006

**Date Received:** 28 Sep 21

### SPECIMENS SUBMITTED

Blood, Vitreous, Urine, Liver, Brain, Gastric Contents, Hospital Specimens, Hair

### RESULTS

Blood (Hospital: 09/24/21; 0609):

Ethanol – Negative

Acetone – Negative

Negative for Amphetamine, Barbiturates, Benzodiazepines, Benzoyllecgonine, Carisoprodol, Codeine, Fentanyl, Hydrocodone, Hydromorphone, Meprobamate, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Morphine, Oxycodone, Phencyclidine [PCP], Tramadol, and Zolpidem.

Blood (Heart):

Esmolol – Positive

Negative for Amitriptyline, Amphetamine, Chlordiazepoxide, Cocaine, Codeine, Cyclobenzaprine, Desipramine, Diazepam, Diphenhydramine, Doxepin, Hydrocodone, Imipramine, Meperidine, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Nordiazepam, Nortriptyline, Phencyclidine [PCP], Phentermine, Propoxyphene, Sertraline, Strychnine, Tramadol, Trazodone, Verapamil, and Zolpidem.

Urine:

Carboxytetrahydrocannabinol [THCA] – Positive

Esmolol – Positive

All specimens will be retained according to RFSC specimen retention policy.  
*This report shall not be reproduced except in full, without the written approval of the laboratory.*

FORENSIC LABORATORY DIVISION  
TOXICOLOGY LABORATORY REPORT

COPY

NAME: LOFTON, Cedric

TOXICOLOGY CASE NO: 21-1048

Submitted by: T. Gorrill, M.D.

Agency Case No: 18-21-3006

Date Received: 28 Sep 21

RESULTS, cont.

Urine:

Not detected for 4-carboxy-AMB-PINACA\*, 4-carboxy-CUMYL-BINACA\*, 4-carboxy-NA-PIM\*, 5-fluoro-PICA 3,3-dimethylbutanoic acid\*, 5-fluoro-PIC-ACID\*, 5-fluoro-PINACA 3,3-dimethylbutanoic acid\*, 5-fluoro-PINACA 3-methylbutanoic acid\*, 5-fluoro-PINAC-ACID\*, CHMIC-ACID\*, CHMINACA 3,3-dimethylbutanoic acid\*, CHMINACA-3-methylbutanoic acid\*, FUBICA 3,3-dimethylbutanoic acid\*, FUBIC-ACID\*, FUBINACA 3,3-dimethylbutanoic acid\*, and FUBINACA 3-methylbutanoic acid\*.

Negative for Amitriptyline, Amphetamine, Chlordiazepoxide, Cocaine, Codeine, Cyclobenzaprine, Desipramine, Diazepam, Diphenhydramine, Doxepin, Hydrocodone, Imipramine, Meperidine, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Nordiazepam, Nortriptyline, Phencyclidine [PCP], Phentermine, Propoxyphene, Sertraline, Strychnine, Tramadol, Trazodone, Verapamil, and Zolpidem.

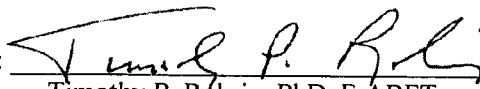
\*Analysis performed by NMS Labs; Horsham, PA.

Comment(s):

Blood (Hospital: 09/24/21; 0609): Presumptive positive cannabinoids by immunoassay – not confirmed.

See attached Center for Forensic Science Research and Education Toxicology Report [Case # 2021-0059], dated 7 Dec 21, for additional analyses.

Results Certified by:

  
Timothy P. Rohrig, PhD, F-ABFT  
Chief Toxicologist

Date: 15 Dec 21

All specimens will be retained according to RFSC specimen retention policy.  
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An ANAB 17025:2017 Forensic Science Testing Accredited Laboratory  
1109 N. Minneapolis • Wichita, Kansas 67214-3129 • Telephone (316) 660-4800 • Fax (316) 383-4535



**Toxicology Report – Forensic Use Only**

Report Issued: 12/07/2021

<b>To:</b> Kimberly Youso, MS, D-ABFT-FT Sedgwick County Regional Forensic Science Center 1109 North Minneapolis St., Wichita, KS 67214	<b>CFSRE Case #:</b> 2021-0059 <b>NMS Workorder #:</b> 21350210 <b>Agency Case #:</b> 18-21-3006
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**Item(s) Received:**

Exhibit #	Date Received	Description
1	10/26/2021	One (1) vial labeled "21350210-001" containing urine (~2-3 mL)

**Results and Conclusions:**

Exhibit #	Analyte	Concentration
1	None detected (see Table 1)	N/A

**Methods of Analysis:**

Exhibit #	Analytical Techniques
1	Liquid Chromatography Quadrupole Time of Flight Mass Spectrometry (LC-QTOF-MS)

**Reference Comment(s):**

1. N/A

**Laboratory Comments:**

I certify that the Center for Forensic Science Research and Education (CFSRE) has taken custody of the sample(s) and integrity seals were in order. The analysis was performed under chain of custody. The chain of custody documentation is included in the case file and can be received upon request. The remainder of the submitted sample is scheduled to be discarded six (6) weeks from the date of this report unless alternate arrangements are made prior thereto.

Case 2021-0059 was signed on 12/07/2021

Alex J. Krotulski, PhD  
Associate Director

21-1048

**Table 1: CFSRE testing scope for synthetic cannabinoid metabolites in urine**

Metabolite Name	Chemical Formula	[M+H] Mass (Da)
PB-22 3-Carboxyindole	C <sub>14</sub> H <sub>17</sub> NO <sub>2</sub>	232.1332
5F-PB-22 3-Carboxyindole	C <sub>14</sub> H <sub>16</sub> FN <sub>2</sub> O <sub>2</sub>	250.1238
5F-NPB-22 3-Carboxyindazole	C <sub>13</sub> H <sub>15</sub> FN <sub>2</sub> O <sub>2</sub>	251.1190
BB-22 3-Carboxyindole	C <sub>16</sub> H <sub>19</sub> NO <sub>2</sub>	258.1489
FUB-PB-22 3-Carboxyindole	C <sub>16</sub> H <sub>12</sub> FN <sub>2</sub> O <sub>2</sub>	270.0925
MDMB-BUTINACA 3,3-Dimethylbutanoic Acid	C <sub>18</sub> H <sub>25</sub> N <sub>3</sub> O <sub>3</sub>	332.1969
UR-144 N-Pentanoic Acid	C <sub>21</sub> H <sub>27</sub> NO <sub>3</sub>	342.2064
4CN-MMB-BINACA 3-Methylbutanoic Acid	C <sub>18</sub> H <sub>22</sub> N <sub>4</sub> O <sub>3</sub>	343.1765
MDMB-4en-PINACA 3,3-Dimethylbutanoic Acid	C <sub>19</sub> H <sub>25</sub> N <sub>3</sub> O <sub>3</sub>	344.1969
4OH-ADB-BINACA	C <sub>18</sub> H <sub>26</sub> N <sub>4</sub> O <sub>3</sub>	347.2078
4F-MDMB-BICA 3,3-Dimethylbutanoic Acid	C <sub>19</sub> H <sub>25</sub> FN <sub>2</sub> O <sub>3</sub>	349.1922
5F-AMB 3-Methylbutanoic Acid	C <sub>18</sub> H <sub>24</sub> FN <sub>3</sub> O <sub>3</sub>	350.1875
4F-MDMB-BINACA 3,3-Dimethylbutanoic Acid	C <sub>18</sub> H <sub>24</sub> FN <sub>3</sub> O <sub>3</sub>	350.1875
AB-CHMINACA 3-Methylbutanoic Acid	C <sub>20</sub> H <sub>27</sub> N <sub>3</sub> O <sub>3</sub>	358.2125
2-COOH-MDMB-PICA	C <sub>19</sub> H <sub>24</sub> N <sub>2</sub> O <sub>5</sub>	361.1758
AB-PINACA N-Pentanoic Acid	C <sub>18</sub> H <sub>24</sub> N <sub>4</sub> O <sub>4</sub>	361.1870
ADB-BINACA N-Butanoic Acid	C <sub>18</sub> H <sub>24</sub> N <sub>4</sub> O <sub>4</sub>	361.1870
4OH-MDMB-BICA	C <sub>20</sub> H <sub>28</sub> N <sub>2</sub> O <sub>4</sub>	361.2122
4OH-MDMB-BINACA	C <sub>19</sub> H <sub>27</sub> N <sub>3</sub> O <sub>4</sub>	362.2074
5F-MDMB-PICA 3,3-Dimethylbutanoic Acid	C <sub>20</sub> H <sub>27</sub> FN <sub>2</sub> O <sub>3</sub>	363.2079
5F-ADB 3,3-Dimethylbutanoic Acid	C <sub>19</sub> H <sub>26</sub> FN <sub>3</sub> O <sub>3</sub>	364.2031
4-cyano CUMYL-BUTINACA N-Butanoic Acid	C <sub>21</sub> H <sub>23</sub> N <sub>3</sub> O <sub>3</sub>	366.1812
APP-BINACA 3-phenylpropanoic Acid	C <sub>21</sub> H <sub>23</sub> N <sub>3</sub> O <sub>3</sub>	366.1812
MMB-FUBINACA 3-Methylbutanoic Acid	C <sub>20</sub> H <sub>20</sub> FN <sub>3</sub> O <sub>3</sub>	370.1562
JWH-018 N-Pentanoic Acid	C <sub>24</sub> H <sub>21</sub> NO <sub>3</sub>	372.1594
MAB-CHMINACA 3,3-Dimethylbutanoic Acid	C <sub>21</sub> H <sub>29</sub> N <sub>3</sub> O <sub>3</sub>	372.2282
FUBIMINA N-pentanoic acid	C <sub>23</sub> H <sub>20</sub> N <sub>2</sub> O <sub>3</sub>	373.1547
ADBICA N-Pentanoic Acid	C <sub>20</sub> H <sub>27</sub> N <sub>3</sub> O <sub>4</sub>	374.2074
ADB-PINACA N-Pentanoic Acid	C <sub>19</sub> H <sub>26</sub> N <sub>4</sub> O <sub>4</sub>	375.2027
5OH-MDMB-PICA	C <sub>21</sub> H <sub>30</sub> N <sub>2</sub> O <sub>4</sub>	375.2278
4F-ABINACA N-Butanoic Acid	C <sub>22</sub> H <sub>27</sub> N <sub>3</sub> O <sub>3</sub>	382.2125
MDMB-FUBICA 3,3-Dimethylbutanoic Acid	C <sub>22</sub> H <sub>23</sub> FN <sub>2</sub> O <sub>3</sub>	383.1766
MDMB-FUBINACA 3,3-Dimethylbutanoic Acid	C <sub>21</sub> H <sub>22</sub> FN <sub>3</sub> O <sub>3</sub>	384.1718
AKB-48 N-Pentanoic Acid	C <sub>23</sub> H <sub>29</sub> N <sub>3</sub> O <sub>3</sub>	396.2282
AB-FUBINACA Oxobutanoic Acid	C <sub>20</sub> H <sub>19</sub> FN <sub>4</sub> O <sub>4</sub>	399.1463