

Homicide / Cold Case Unit	Supplement Report	Metropolitan Police Department Nashville, TN	VICTIM'S NAME: McNair, Steve	MPD Complaint No. 2009-527875
Arrest No.	<input type="checkbox"/> N/A	Offense Classification/Charge Death-Other		Page No. 1 of 1
Narrative:				

On 7/05/09 at approximately 0900 hours I attended the post mortem examination (autopsy) on Steve Latreal McNair (victim) at the Medical Examiners Office located at 850 R.S. Gass Boulevard. The autopsy was performed by Dr. Feng Li. Dr. Li stated the victim was shot a total of four times (head, chest). A gunshot residue kit (GSR) was collected on the victim.

Gunshot wounds to head:

Dr. Li stated the victim had a contact gunshot wound to the right side temple (head). Dr. Li stated the path of the projectile was through the brain and came to a stop in the left ear. Dr. Li stated the victim had a non contact gunshot wound to the left temple (head). Dr. Li stated the path of the projectile was through the left eye, brain and exited on the right side of the head (temple).

Gunshot wound to the chest:

Dr. Li stated the victim had two gunshot wounds to the front chest that both exited through his back. Dr. Li stated the projectiles past through the lungs, diaphragm, liver, stomach, pancreas and left liver.

I received the GSR kit; projectile removed from the victim's left ear and a hair sample.

Reporting Officer (Print Name: First, MI, Last) Charles Robinson	(Date/Time) 07/05/09, 1:12 PM	Employee No. 66864	Call Sign 3118
Approving Supervisor (Signature)		Employee No.	



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER**

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Davidson County Medical Examiner: Bruce Levy M.D.

State Medical Examiner: Bruce Levy M.D.

Judicial District Number: 20

District Attorney: Honorable Victor S. Johnson III

State Number: 09-19-1705

Case Number: MEC09-1284

1. Name of Decedent Steve L. McNair	2. Age 36 Years	3. Race Black	4. Sex Male
5. Address ██████████, Nashville, TN 37215			
6. Date of Death 07/04/2009 7:45 PM	7. Type of Death Suspected Homicide	8. Investigating Agency/Complaint #: Metro Nashville Police Department, Complaint #: 09-527875	
9. Place of Death ██████████, Nashville, TN			
10. Narrative Summary <p>Reportedly this 36 y.o. B/M was discovered deceased on a couch of a condominium with multiple gunshot wounds to his person. EMS responded to the scene to confirm asystole. An O/F (MEC 09-1283) was also discovered on the floor at the victim's feet. ID Officer's and Detectives with MNPd responded to secure the scene and initiate investigative efforts. I also responded to the scene along with Investigator Krista Myers and Dr. Feng Li. The body was photographed at the scene, hands secured with brown paper sacks and the body prepared for transport. The body was next transported by MTRS personnel to the Center for Forensic Medicine for an examination by the medical examiner.</p> <p>Lance V. Long 07/04/2009</p>			
11. Jurisdiction Accepted Yes	12. Autopsy Ordered Yes	13. Toxicology Ordered Yes	
14. Physician Responsible for Death Certificate Feng Li, M.D., J.D., Ph.D.			
15. Cremation Approved No	16. Funeral Home Lewis and Wright Funeral Home		
17. Cause of Death Multiple gunshot wounds			
18. Contributory Cause of Death			
19. Manner of Death Homicide			

CERTIFIED COPY

I hereby certify that this is a true and correct copy of the medical examiner's report on file at the Office of the State Medical Examiner, Nashville TN

By Vamburen Date 7/21/09

**TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF THE STATE MEDICAL EXAMINER
Center for Forensic Medicine
850 R.S. Gass Blvd.
Nashville, Tennessee 37216-2640**

**CASE: MEC09-1284
County: DAVIDSON**

AUTOPSY REPORT

NAME OF DECEDENT: MCNAIR, STEVE RACE: Black SEX: Male AGE: 36

HOME ADDRESS: [REDACTED]; Nashville, TN

DATE AND TIME OF DEATH: July 4, 2009 at 7:45 p.m.

DATE AND TIME OF AUTOPSY: July 5, 2009 at 8:20 a.m.

FORENSIC PATHOLOGIST: Feng Li, M.D., J.D., Ph.D.

COUNTY MEDICAL EXAMINER: Bruce P. Levy, M.D.

DISTRICT ATTORNEY GENERAL: Honorable Victor S. Johnson, III

PATHOLOGIC DIAGNOSES

Adult black male suffered multiple gunshot wounds:

1. Gunshot wound A, close range penetrating gunshot wound, right temple:
 - A. The bullet causes patchy subscalpular hemorrhage, patchy skull fractures, patchy subdural hemorrhage, patchy subarachnoid hemorrhage, extensive damage to the bases of the brain tissue, and a distorted, copper jacketed and medium caliber bullet is lodged and recovered in the left ear canal.
 - B. There is a zone of soot around the entrance wound.
 - C. Direction of the wound track: Leftward, backward, and downward.
 - D. Patchy subarachnoid hemorrhage.
2. Gunshot wound B, distant perforating gunshot wound, left temple:
 - A. The bullet causes patchy subscalpular hemorrhage, fractures of the left zygomatic arch, destruction of the left eyeball, fractures of the orbital roofs, perforation to the tip of the right temporal lobe, and the bullet exits through the right temple.
 - B. Bilateral periorbital bruises.
 - C. No evidence of close range firing on the skin.
 - D. Direction of the wound track: Rightward, slightly upward, and slightly backward.

(Continued)

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MCNAIR, STEVE

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3. Gunshot wound C, distant perforating gunshot wound, right side of the chest:
 - A. The bullet penetrates through the right anterior 4th intercostal space, with perforation to the middle lobe of the right lung, right lobe of the liver, right posterior 11th intercostal space, and the bullet exits through the right side of the back.
 - B. No evidence of close range firing on the skin.
 - C. Direction of the wound track: Backward, downward, and leftward.
 - D. Right hemothorax.
4. Gunshot wound D, distant perforating gunshot wound, left side of the chest:
 - A. The bullet penetrates through the left anterior 6th rib cartilage, with perforation to the left lobe of the liver, stomach, pancreas in two halves, left kidney, left posterior 11th intercostal space, and the bullet exits through the left side of the back.
 - B. No evidence of close range firing on the skin.
 - C. Direction of the wound track: Backward, and slightly downward.
 - D. Hemoperitoneum.
5. Other findings:
 - A. Small abrasions, right upper arm.
 - B. Multiple tattoos.
 - C. Multiple scars.

CAUSE OF DEATH: Multiple gunshot wounds

MANNER OF DEATH: Homicide

CIRCUMSTANCES OF DEATH: Shot by other(s)

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MCNAIR, STEVE

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I hereby certify that I, Feng Li, M.D., J.D., Ph.D., have performed an autopsy on the body of Steve McNair on the 5th day of July, 2009 at 8:20 a.m. in the State of Tennessee Center for Forensic Medicine. The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General. The facts and findings to support these conclusions are filed with the Tennessee Department of Health.

EXTERNAL EXAMINATION

The body is that of an adult black male measuring 73 1/2 inches and weighing 249 pounds. The body is normally developed and appears consistent with the given age of 36 years. He is received with gray shirt, white undershirt, blue jean shorts, brown belt, blue boxers, two white socks, and two white sneakers. All the clothing is stained with blood. The shirts have defects consistent with gunshot wounds to the body. Post mortem changes consist of fixed posterior livor mortis and full rigor mortis.

The scalp hair is black, curly, and short. The corneas are cloudy. The sclerae and conjunctivae are unremarkable. No discrete petechiae are present. The irides are brown. The mouth contains natural teeth. There is black mustache and beard present. The palate and frenula are intact. The ears, nose and mouth show no abnormalities. The neck is of normal configuration and there are no palpable masses. The thorax is symmetrical. The abdomen is flat. The axillae, external genitalia, and anus are without trauma. The extremities are symmetrical and normally developed.

Identifying marks include a tattoo of a star with the initials "SWAC" inside the star on the right upper arm, and a tattoo of the symbol Omega and lightning bolt, with the inscription "Omega Man" on the left upper arm. There are multiple scars on the abdomen, back, and on the extremities.

There is no evidence of emergency medical intervention.

EVIDENCE OF INJURY:

At the time of the autopsy, there are a total of four gunshot wounds to the head and torso. The sequence of the infliction cannot be determined for certain and is therefore arbitrarily labeled in the report.

GUNSHOT WOUND A:

This is a 3/16 inch close range penetrating gunshot wound on the right temple, at 3 inches below the top of the head and 4 inches right of the anterior midline. There is a zone of soot around the entrance wound which measures 1 inch x 3/4 inch in greatest dimension. A hemorrhagic wound track passes leftward, backward, and downward causing patchy subscalpular hemorrhage, patchy skull fractures, patchy subdural hemorrhage, patchy subarachnoid hemorrhage, extensive damage to the bases of the right frontal and temporal lobes, left temporal lobe, and a distorted, copper jacketed and medium caliber bullet is lodged and recovered inside the left ear canal.

GUNSHOT WOUND B:

This is an oval shaped distant perforating gunshot wound on the left temple, at 5 1/4 inches below the top of the head and 3 1/2 inches left of the anterior midline. The entrance wound measures 3/8 inch x 1/4 inch in greatest dimension. There is a marginal abrasion noted at the 12 o'clock

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MCNAIR, STEVE

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position of the entrance wound which measures 3/16 inch. Another marginal abrasion is noted at the 6 o'clock position which measures 1/4 inch. There is no evidence of soot material or powder tattooing appreciated in or around entrance wound. A hemorrhagic wound track passes rightward, slightly upward, and slightly backward causing patchy subscalpular hemorrhage, fractures of the left zygomatic arch, destruction of left eyeball, bilateral periorbital bruises (more on the left side), fractures of the bilateral orbital roofs, injuries to the tip of the right temporal lobe, patchy subarachnoid hemorrhage, and the bullet exits through the right temple, at 4 inches below the top of the head and 4 1/2 inches right of anterior midline, with the exit wound starry shaped and measuring 1/2 inch x 3/8 inch in greatest dimension.

GUNSHOT WOUND C:

This is a 5/16 inch diameter distant perforating gunshot wound on the right side of the chest, at 17 1/2 inches below the top of the head and 4 1/2 inches right of the anterior midline. There is a marginal abrasion noted around the entrance wound which measures 1/2 inch in diameter. There is no evidence of soot material or powder tattooing appreciated in or around the entrance wound. A hemorrhagic wound track passes backward, downward, and leftward through the right anterior 4th intercostal space, with perforation to the middle lobe of the right lung, right lobe of the liver, right posterior 11th intercostal space, and the bullet exits through the right side of the back, at 22 1/4 inches below the top of the head and 1 3/4 inches right of the posterior midline, with the exit wound measuring 1/4 inch in diameter. There is approximately 750 mL of blood inside the right chest cavity.

GUNSHOT WOUND D:

This is a 1/4 inch diameter distant perforating gunshot wound on the left side of the chest, at 21 inches below the top of the head and 3 inches left of the anterior midline. There is a marginal abrasion noted around the entrance wound with one at the 12 o'clock position measuring 1/8 inch in thickness and one at the 6 o'clock position measuring 3/16 inch in thickness. There is no evidence of soot material or powder tattooing appreciated in or around entrance wound. A hemorrhagic wound track passes backward and slightly downward through the left anterior 6th rib cartilage with perforation to the left lobe of the liver, stomach, pancreas in two halves, left kidney, left posterior 11th intercostal space, and the bullet exits through the left side of the back, at 23 3/4 inches below the top of the head and 3 inches left of the posterior midline, with the exit wound measuring 1/4 inch in diameter. There is approximately 50 mL of blood inside the abdominal cavity.

INTERNAL EXAMINATION

The organs occupy normal positions, and all the internal organs are in a state of autolysis. There are no adhesions or mass lesions.

HEAD AND NECK: The brain weighs 1230 grams. There is no epidural hemorrhage. The vasculature overlying the cerebral hemispheres is congested. The structures at the base of the brain, including cranial nerves and large vessels, are intact, except for the injuries described. Serial sections through the cerebral hemispheres, cerebellum, and brain stem reveal no tumor or evidence of infection.

The neck is without soft tissue hemorrhage or palpable fracture and the structures surrounding the upper airway are intact. Sections through the thyroid gland and tongue are unremarkable.

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MCNAIR, STEVE

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CARDIOVASCULAR SYSTEM: The heart weighs 360 grams. The epicardium is intact and smooth. The coronary arteries arise from unobstructed ostia, follow the usual distributions, and are without significant arteriosclerosis. The cardiac valves are normally formed and the chambers are of usual dimensions. The atrial and ventricular septa are intact. The myocardium is red-brown, firm and unremarkable. The aorta and its major branches are intact.

RESPIRATORY SYSTEM: The right lung weighs 340 grams and the left 640 grams. The pulmonary arteries are without thromboemboli on initial incision into the pulmonary trunk and on dissection. On sectioning the pulmonary parenchyma is mildly to moderately congested, edematous, and without other focal lesions.

DIGESTIVE SYSTEM AND LIVER: The esophagus is unremarkable with a sharp gastroesophageal junction. The unremarkable stomach is empty. The duodenum, small intestines, appendix, and large intestines are unremarkable. The liver weighs 1920 grams. The parenchyma is red-brown and soft without other focal lesions. The unremarkable gallbladder contains approximately 11 cc of bile. The extrahepatic bile ducts are patent and unremarkable. The pancreas is otherwise unremarkable.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 170 grams. There is a normal distribution of unremarkable lymph nodes. The thymus gland is unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 150 grams and 170 grams, respectively. The subcapsular surfaces are smooth. The cortices are of normal thickness with sharp corticomedullary junctions. The calyces, pelves, and ureters are patent and unremarkable. The unremarkable urinary bladder contains approximately 725 cc of urine.

Serial sections of the bilateral testes reveal no evidence of trauma. Serial sections of the prostate demonstrate no gross abnormality.

ENDOCRINE SYSTEM: The pituitary, thyroid, parathyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is unremarkable.

TOXICOLOGY: The following specimens are submitted for possible toxicologic analysis: blood, bile, and vitreous humor. A separate report will be issued.

SUMMARY OF CASE

This 36 year old black male was discovered deceased on the couch of a condominium with multiple gunshot wounds to his body on July 4, 2009. EMS responded to the scene to confirm asystole. An autopsy was performed on July 5, 2009.

Major autopsy findings include a total of four gunshot wounds to the body with one close range penetrating gunshot wound on the right temple, one distant perforating gunshot wound on the left temple, and two distant perforating gunshot wounds to the torso, with injuries to the brain, left eye, right lung, liver, stomach, pancreas, and left kidney, resulting in right hemothorax and hemoperitoneum.

MEC09-1284

MCNAIR, STEVE

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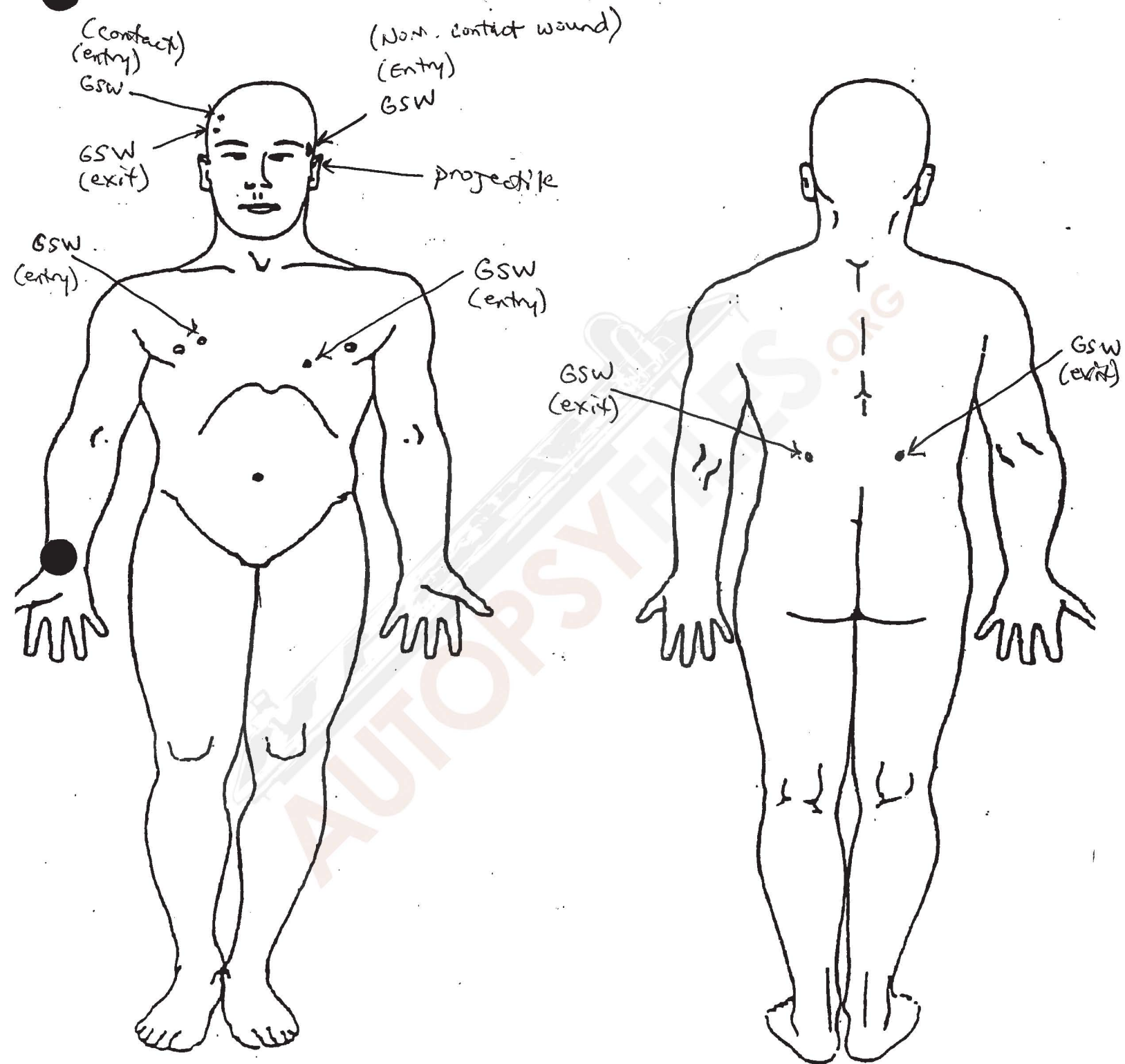
Based upon the circumstances surrounding the death, as currently known, the cause of death is multiple gunshot wounds. The manner of death is homicide.

****Electronically signed by Feng Li, M.D., J.D., Ph.D. on Tuesday, July 21, 2009****

Feng Li, M.D., J.D., Ph.D.
Assistant Medical Examiner

FL/shl
07/07/2009

09-527875



IDENT: McNair, Steve L.

Dr. Feng Li

M.E.#: 0900hrs.

DATE: 7/05/09

AEGIS

SCIENCES CORPORATION

515 Great Circle Road Nashville, TN 37228

Ph: (615) 255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client: 225 - Forensic Medical
Report To: Dr. Feng Li
 Forensic Medical
 850 RS Gass Blvd
 Nashville, TN 37216

Case ID: 09-1284
Laboratory ID: 4397273
Collected: 07/05/09 00:00
Received: 07/07/09 07:11
Completed: 07/14/09 09:47
Reported: 07/14/09 11:33

Reason: Post-mortem
Specimen Type: Femoral Blood

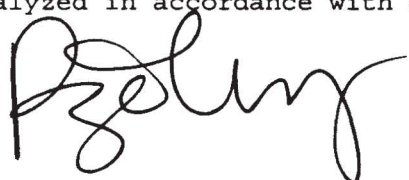
McNair, Steve

Test(s) Ordered: 40599 - Profile-ME Comprehensive
 70251 - Confirmation Volatiles

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol - Volatiles	POSITIVE		
Methanol	NEGATIVE		10 mg/dL
Ethanol	POSITIVE	150 mg/dL	10 mg/dL
Acetone	NEGATIVE		10 mg/dL
Isopropanol	NEGATIVE		10 mg/dL
Acetaminophen	NONE DETECTED		10 mcg/mL
Amphetamines	NONE DETECTED		50 ng/mL
Stimulants	NONE DETECTED		50 ng/mL
Barbiturates	NONE DETECTED		200 ng/mL
Meprobamate	NONE DETECTED		1250 ng/mL
Methadone	NONE DETECTED		
Benzodiazepines	NONE DETECTED		25 ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		1 ng/mL
Cocaine Metabolite	NONE DETECTED		10 ng/mL
Opiates	NONE DETECTED		
Meperidine	NONE DETECTED		100 ng/mL
Fentanyl Analogues	NONE DETECTED		
Propoxyphene	NONE DETECTED		100 ng/mL
Fentanyl Group	NONE DETECTED		
Pentazocine	NONE DETECTED		100 ng/mL
Phenothiazines	NONE DETECTED		1 ng/mL
Salicylate	NONE DETECTED		50 mg/L
Tricyclic Antidepressants	NONE DETECTED		50 ng/mL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

Certified by:
 Date:



PAIGE LONG

'JUL 14 2009

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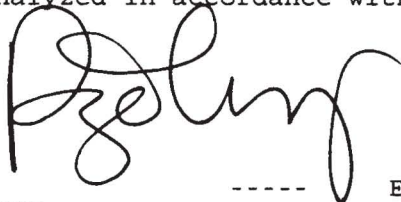
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Specimen Type: Femoral Blood

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70251 - Confirmation Volatiles

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Atypical Antidepressants	NONE DETECTED		10 ng/mL
Antipsychotics	NONE DETECTED		2 ng/mL
Miscellaneous	NONE DETECTED		0.25 ng/mL

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Date:

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JUL 14 2009

----- END OF REPORT -----

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Client: 225 - Forensic Medical
Report To: Dr. Feng Li
Forensic Medical
850 RS Gass Blvd
Nashville, TN 37216

Case ID: 09-1284
Laboratory ID: 4397274
Collected: 07/05/09 00:00
Received: 07/07/09 07:11
Completed: 07/07/09 07:12
Reported: 07/14/09 11:33

Reason: Post-mortem
Specimen Type: Heart Blood

Test(s) Ordered: 49999 - Sample Received

Drug Class**Result****Quantitation****Reporting
Threshold**

Testing not requested or indicated.

Testing not requested or indicated.

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Client: 225 - Forensic Medical
Report To: Dr. Feng Li
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850 RS Gass Blvd
Nashville, TN 37216

Case ID: 09-1284
Laboratory ID: 4397275
Collected: 07/05/09 00:00
Received: 07/07/09 07:11
Completed: 07/14/09 09:47
Reported: 07/14/09 11:33

Reason: Post-mortem
Specimen Type: Vitreous

Test(s) Ordered: 40405 - Alcohol/Volatiles

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol - Volatiles	POSITIVE		
Methanol	NEGATIVE		10 mg/dL
Ethanol	POSITIVE	207 mg/dL	10 mg/dL
Acetone	NEGATIVE		10 mg/dL
Isopropanol	NEGATIVE		10 mg/dL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

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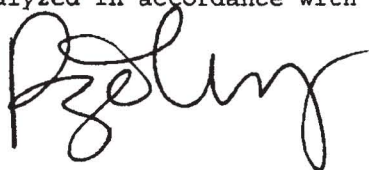
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Alcohol - Volatiles	POSITIVE		
Methanol	NEGATIVE		10 mg/dL
Ethanol	POSITIVE	150 mg/dL	10 mg/dL
Acetone	NEGATIVE		10 mg/dL
Isopropanol	NEGATIVE		10 mg/dL
Acetaminophen	NONE DETECTED		10 mcg/mL
Amphetamines	NONE DETECTED		50 ng/mL
Stimulants	NONE DETECTED		50 ng/mL
Barbiturates	NONE DETECTED		200 ng/mL
Meprobamate	NONE DETECTED		1250 ng/mL
Methadone	NONE DETECTED		
Benzodiazepines	NONE DETECTED		25 ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		1 ng/mL
Cocaine Metabolite	NONE DETECTED		10 ng/mL
Opiates	NONE DETECTED		
Meperidine	NONE DETECTED		100 ng/mL
Fentanyl Analogues	NONE DETECTED		
Propoxyphene	NONE DETECTED		100 ng/mL
Fentanyl Group	NONE DETECTED		
Pentazocine	NONE DETECTED		100 ng/mL
Phenothiazines	NONE DETECTED		1 ng/mL
Salicylate	NONE DETECTED		50 ng/L
Tricyclic Antidepressants	NONE DETECTED		50 ng/mL

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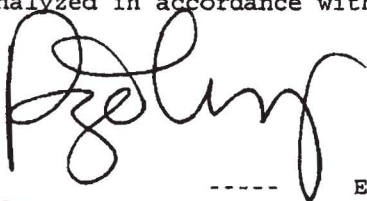
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Specimen Type: Femoral Blood

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Atypical Antidepressants	NONE DETECTED		10 ng/mL
Antipsychotics	NONE DETECTED		2 ng/mL
Miscellaneous	NONE DETECTED		0.25 ng/mL

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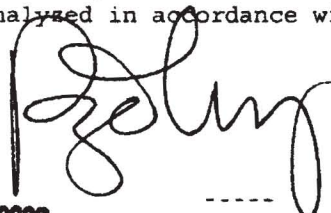
Reason: Post-mortem
Specimen Type: Vitreous

Test(s) Ordered: 40405 - Alcohol/Volatiles

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol - Volatiles	POSITIVE		
Methanol	NEGATIVE		10 mg/dL
Ethanol	POSITIVE	207 mg/dL	10 mg/dL
Acetone	NEGATIVE		10 mg/dL
Isopropanol	NEGATIVE		10 mg/dL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

Certified by:
Date:



PAIGE LONG

----- END OF REPORT -----

JUL 14 2009