Hamilton County Coroner

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
3159 Eden Avenue, Cincinnati, Ohio 45219-2299
Office: 513-946-8700 Fax: 513-946-8727

CHRISTOPHER D. RHODEN, SR. CC16-01416

OPINION

Diagnoses:

1. Multiple gunshot wounds to the head, torso and upper extremity:
   a. Gunshot #1 – single, intermediate-distance perforating gunshot wound to the head:
      1) Entrance: Right cheek with soot and powder tattooing
      2) Path: Skin, facial bones, basilar skull, brain, bone, muscle, ear cartilage and skin
      3) Exit: Posterior left ear
      4) Direction of fire through body: Right to left, front to back and upward.
   b. Gunshot #2 – single, loose contact, penetrating gunshot wound to the head:
      1) Entrance: Right cheek (by nose) with soot
      2) Path: Skin, facial bones, brain, skull and subgalea
      3) Projectile: Deformed, jacketed lead bullet with red polymer plug recovered from left occipital subgalea
      4) Direction of fire through body: Right to left and front to back.
   c. Gunshot #3 – single, loose contact, penetrating gunshot wound to the head:
      1) Entrance: Right cheek (corner of lips) with soot
      2) Path: Skin, facial bones, brain, skull and subgaleal space
      3) Projectile: Deformed, jacketed lead bullet and copper jacket fragment recovered from left occipital subgalea
      4) Direction of fire through body: Right to left and front to back.
   d. Gunshot #4 – single, loose contact, penetrating gunshot wound to the head:
      1) Entrance: Right lower cheek with soot
      2) Path: Skin, facial bones, basilar skull, cervical spine with fracture, occipito-atlantal disarticulation and spinal cord
      3) Projectile: Deformed, jacketed lead bullet with deformed red polymer plug recovered from occipito-atlantal joint space
      4) Direction of fire through body: Right to left and front to back.
   e. Gunshot #5 – single, loose contact, perforating gunshot wound to the head:
      1) Entrance: Right lateral jaw with soot
      2) Path: Skin, mandible with fracture, soft tissue/muscle, skull with fracture, muscle and skin
      3) Exit: Left parieto-temporal scalp (behind left ear)

4) Projectile: Deformed red polymer plug recovered from exit defect
5) Direction of fire through body: Right to left, front to back and upward.

f. Gunshot #6 – single, loose contact, penetrating gunshot wound to the head and neck:
1) Entrance: Right submental chin
2) Path: Skin, mandible with fracture, soft tissue/muscle, pharynx, left carotid artery, strap muscles, and muscle of posterior left shoulder
3) Projectile: Deformed, jacketed bullet with red polymer plug recovered from muscle in posterior left shoulder
4) Direction of fire through body: Right to left, front to back and downward.

g. Gunshot #7 – single, loose contact, penetration gunshot wound to the torso:
1) Entrance: Right chest (with soot on clothing)
2) Path: Skin, right anterior ribs with fracture, pericardial sac, heart, aorta, esophagus, graze of thoracic vertebra, left posterior intercostal space and subcutaneous skin
3) Projectile: Deformed, jacketed lead bullet recovered from left lower back
4) Direction of fire through body: Right to left, front to back and downward
5) Right and left hemothoraces – 1,100 milliliters.

h. Gunshot #8 – single, indeterminate-distance, perforating gunshot wound to the torso:
1) Entrance: Left upper abdomen
2) Path: Skin, mesentery, liver, large intestines, small intestines, right kidney, muscle and skin
3) Exit: Right lower back
4) Direction of fire through body: Left to right, front to back and upward.

i. Gunshot #9 – Indeterminate-distance, perforating gunshot wound to the upper extremity:
1) Entrance and exit defects and true number of gunshots are indeterminate
2) Path: Skin, soft tissue/muscle, bone, muscle and skin
3) Direction of fire through the body: Indeterminate
4) X-ray appearance suggestive of high powered injury.

2. Other projectiles and fragments:
a. Two deformed, jacketed bullets recovered from shirts
b. Deformed jacketed bullet recovered from floor
c. One copper fragment recovered from left parieto-occipital scalp
d. Five copper fragments and two lead fragments recovered from autopsy table by head.

Sedot Vault

3. Other injuries:
   a. Pseudostippling across forehead and left face with imbedded wood splinters
   b. Contusions and abrasions of torso, right upper arm and right leg.

4. Postmortem toxicology
   a. Presence of caffeine
   b. Negative for ethyl alcohol and other drugs.

Cause of Death: It is my opinion, based on the autopsy findings and the information available to me at the time of the autopsy that the cause of death is multiple gunshot wounds to the head, torso and upper extremity.

Karen Looman, D.O.
Chief Deputy Coroner, Forensic Pathologist
Hamilton County, Ohio

7/8/2016
Date

Scioto Valley Autopsy Files .org
UNCOVERING THE CAUSE OF DEATH

POSTMORTEM EXAMINATION
OF THE BODY OF

CHRISTOPHER D. RHODEN, SR.

A postmortem examination of the body identified by Pike County Coroner's Office as "Christopher Rhoden, Sr." is performed at the Hamilton County Coroner's Office. A portion of the external examination was performed on Sunday, April 24, 2016 at 2:07 p.m. The rest of the external and entire internal examination was performed on Monday, April 25, 2016 at 8:30 a.m. by Dr. Karen Looman. The morgue attendants are Tyrone Smith, John Hatfield, Charlie Beaver and Jon Cole. Agent Edward Hunter from BCI (Ohio Bureau of Criminal Identification and Investigation) observed the internal autopsy examination.

HISTORY:

The decedent is a 40-year-old white male who was found deceased in his home with multiple gunshot wounds.

EXTERNAL EXAMINATION

GENERAL:

The body is that of a normally developed, well-nourished, adult male who is 222 pounds, 71-inches in height, and appears appropriate for the stated age. The body is in a mild state of decomposition with skin marbling and discoloration. There is fly larvae around the right eye and within the injuries on the right cheek. The body is cool to the touch due to refrigeration. Rigor mortis has passed. Livor mortis is faint red-purple and in a posterior distribution except for areas exposed to pressure.

The head is dysmorphic due to trauma. The scalp has male pattern balding and the hair is short, slightly curly, light brown and along the sides of the head. There is a gray-brown mustache, beard and stubble across the hair–bearing portions of the face. The bone orbits are collapsed inward. The sclerae are free of petechia, icterus or hemorrhage. The corneas are slightly opaque. The irides are blue. The mouth has native dentition. The torso is hirsute. The chest has a slightly increased anteroposterior diameter with costal margin flaring. The abdomen is flat. The penis is circumcised. A brown mole is in the right groin region. The spine is straight. The pelvis is stable to manipulation. The upper extremities are not edematous. There are paper bags on the hands. The fingernails are short. The lower extremities have no dysmorphic features.

CLOTHING/PERSONAL EFFECTS:

The body is dressed in a brown, hooded sweatshirt and a grey T-shirt that has been pulled up over the head. There are black socks, brown New Balance-brand boots, blue jeans with the zipper down, a webbed brown belt and a pair of aqua blue and black American-brand underwear. There is a tag tied with string on the webbed belt with "Christopher Rhoden", "9/18/75" and "CS 0439". Within the right front jeans pocket is a $5 bill and 49 cents.

Two deformed, jacketed bullets are recovered from the T-shirt and sweatshirt when removed from the body.

The sweatshirt has a round defect in the mid anterior panel. The defect has a 3/4-inch wide soot ring around it. A second defect is in the lower mid anterior panel with gray material around it suggestive of bullet wipe. A single hole is in the anterior right sleeve and a larger irregular hole is in the posterior right sleeve. The hood of the sweatshirt has a hole in the mid back, a hole along the left back and a hole in the mid seam of the hood and posterior panel. The T-shirt has two defects in the mid and left lower anterior panel. One defect is identified in the right posterior panel.

SCARS/TATTOOS:
An irregular oval scar is on the right chest below the pectoralis muscle. A wide hor[illegible] scar is in the right anterolateral chest wall. The chest wall is slightly depressed at this si[illegible] A [illegible] scar is in the lower right chest. Two puckered, linear scars are in the right and left lo[illegible] abdominal quadrants. There is a longitudinal scar between the umbilicus and pubic region. [illegible] scar is on the left upper arm.

MARKS OF THERAPY:
None.

EVIDENCE OF INJURY:
There are multiple gunshot wounds to the head, torso and upper extremity with 8 deformed jacketed lead bullets recovered, 6 fragments of copper jacket and two fragments of lead recovered. The gunshot wounds are numbered for convenience and do not indicate the order in which they were inflicted.

Gunshot wound #1 is a single, intermediate-distance, perforating gunshot wound to the head. Entrance: Right cheek, consisting of a 1/4-inch round defect with a slightly eccentric abrasion collar that is 1/16-inch wide except at the 7 to 8 o'clock margin where it is 1/4-inch wide. Around the defect is an eccentric soot ring that is 5/8-inch wide at the 12 to 6 o'clock margin and 1/8-inch wide at the 9 o'clock margin. There is also dried, brown-red stippling abrasions on the skin which are 3-7/8-inches superior to the right upper eyelid, 2-3/4-inches along the right lateral cheek approaching the ear, 3-1/2-inches across the bridge of the nose and glabella to the left and 2-1/2-inches inferior to the right lower cheek and chin area. This defect is located 6-1/2-inches from the top of the head, 2-3/4-inches right of midline and 1-3/4-inches posterior to the glabella. Path: Skin, facial bones, basilar skull, brain, bone, muscle, ear cartilage and skin. Exit: Posterior left ear, consisting of a 1/4-inch round defect with a 1/2-inch x 1-1/8-inch, horizontal, linear laceration at the 9 o'clock margin, located 4-1/2-inches from the top of the head, 3-1/4-inches left of midline and 4-3/4-inches posterior to the glabella. Direction of fire through the body: Right to left, front to back and upward.

Gunshot wound #2 is a single, loose contact, penetrating gunshot wound to the head. Entrance: Right cheek adjacent to the nose, consisting of a 3/8-inch x 1/4-inch oval defect with an eccentric abrasion collar that is 1/4-inch at the 4 o'clock margin and 3/16-inch at the 10 o'clock margin. The abrasion collar contains fine gray soot but no stippling and is located 6-1/4-inches from the

top of the head, 1-1/4-inch is right of midline and 3/4-inch posterior to the glabella. Path: Skin, facial bones, brain, skull and subgalea. Projectile: Deformed, jacketed, lead bullet with a separate, deformed, red polymer plug is recovered from the left occipital subgalea. Direction of fire through the body: Right to left and front to back.

Gunshot wound #3 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Right cheek by the corner of the lips, consisting of a 1/4-inch round defect with a 1/8-inch wide concentric abrasion collar with a gray discoloration in the collar along the 7 to 11 o'clock margin but no stippling on the skin, located 7-inches from the top of the head, 2-inches right of midline and 1-1/2-inches posterior to the glabella. Path: Skin, facial bones, skull, and subgaleal space. Projectiles: Deformed, jacketed, lead bullet recovered from the left occipital subgalea. A separate, 0.4 x 0.8-centimeter jacket fragment is recovered within the left occipital subgaleal space. Direction of fire through the body: Right to left, front to back.

Gunshot wound #4 is a single, loose contact, penetrating gunshot wound to the head. Entrance: Right lower cheek, consisting of a 1/4-inch round defect with a concentric abrasion collar containing black-gray soot, located 7-1/2-inches from the top of the head, 2-3/4-inches right of midline and 2-inches posterior to the glabella. Path: Skin, facial bones, basilar skull, cervical spine with fracture, occipito-atlantal disarticulation and spinal cord with transection. Projectile: Deformed, jacketed, lead bullet with a deformed red polymer plug is recovered from the occipito–atlantal joint space. Direction of fire through the body: Right to left and front to back.

Gunshot wound #5 is a single, loose contact, perforating gunshot wound to the head. Entrance: Right lateral jaw, consisting of a 1/4-inch round defect with a 1/8-inch concentric abrasion collar and a 1/2-inch x 1/4-inch area of gray soot at the 4 to 5 o'clock margin but no stippling on the skin, located 7-1/2-inches from the top of the head, 3-1/2-inches right of midline and 3-inches posterior to the glabella. Path: Skin, mandible with fracture, soft tissue/muscle, skull with fracture, muscle and skin. Exit: Left parietotemporal scalp, consisting of a 7/8-inch vertical, linear laceration with a 1/2-inch marginal tear, located 3-inches from the top of the head, 3-inches left of midline and 7-inches posterior to the glabella. Projectile: Within the exit defect there is a deformed red polymer plug. Direction of fire through the body: Right to left, front to back and upward.

Gunshot wound #6 is a single, loose-contact, penetrating gunshot wound to the head and neck. Entrance: Right submental chin, consisting of a 1/4-inch round defect with a 1/8-inch concentric abrasion collar and with an eccentric black-gray soot ring beyond the abrasion collar that is 1/16-inch from 3 to 9 o'clock and 1/8-inch from 9 to 3 o'clock but without stippling on the skin, located 9-inches from the top of the head, 3/4-inches right of midline and 4-inches posterior to the glabella. Path: Skin, mandible with fracture, soft tissue/muscle, pharynx, left carotid artery, strap muscles and muscle of left posterior shoulder. Projectile: Deformed, jacketed lead bullet with deformed red polymer plug recovered from the muscle of the posterior left upper shoulder, located 2-inches from the top of the shoulder and 6-inches left of midline. The projectile is located within a 1/2-inch x 1-inch faint purple contusion. Direction of fire through the body: Right to left, front to back and downward.

Gunshot wound #7 is a single, loose-contact, penetrating gunshot wound to the torso. Entrance: Right chest, consisting of a 1/4-inch round defect with a dried black concentric abrasion collar and without obvious soot but no stippling on the skin, located 7-3/4-inches from the top of the shoulder and 1-3/8-inches right of midline. (See clothing description) Path: Skin, right anterior ribs #2 and 3 with fracture, pericardial sac, heart, aorta, esophagus, graze of thoracic vertebra #11, left posterior intercostal space #11 and in a sharp angle to the subcutaneous tissue of left lower back. Projectile: Deformed, jacketed lead bullet recovered from the subcutaneous tissue of the left back. A faint purple contusion surrounds the bullet. Direction of fire through the body: Right to left, front to back and downward.

Gunshot wound #8 is a single, indeterminate-distance, perforating gunshot wound to the torso. Entrance: Left upper abdomen, consisting of a 1/4-inch round defect with a 1/8-inch dried black concentric abrasion collar and no soot or stippling on the skin, located 17-1/2-inches from the top of the shoulder and 1/2-inch left of midline. Path: Skin, mesentery, inferior right lobe liver margin, large intestine by the cecum, loops of small intestine, right kidney, posterior right psoas muscle, right lower back muscle and skin. Exit: Right lower back, consisting of a 1/2-inch x 3/4-inch irregular defect located 15-1/2-inches from the top of the shoulder and 4-inches right of midline. The wound is within a purple and green contusion showing decomposition changes. Direction of fire through the body: Left to right, front to back and upward.

Gunshot wound #9 is an indeterminate-distance, perforating gunshot wound to the upper extremity. Entrance and exit: Entrance and exit wounds are indistinguishable. There is a 4-1/2-inch linear laceration of the lateral, volar right forearm that gapes to 1-1/8-inch wide, located 6-inches distal to the elbow. The wound exposes lacerated muscle and comminuted fractured bone. There are three smaller lacerations ranging from 1-inch up to 3-inches along the medial volar right forearm. The extensor right forearm has a complex, gaping laceration that is 4-1/2-inches long with 2-inch longitudinal tears located 6-1/2-inches distal to the elbow. This wound gapes to approximately 3-inches wide exposing lacerated muscle and fractured bones. There are no distinct circular entrance or exit defects. Path: Skin, soft tissue/muscle, bone and skin. Direction of fire through the body: Cannot be determined.

Projectiles and fragments:
A deformed, jacketed lead bullet with attached light brown hair is recovered from the floor. Five jacket fragments and two lead fragments are recovered from the autopsy table near the head.

Other injuries:
There are red pseudostippling abrasions across the mid and left forehead ranging in size from 1/8-inch up to 1/4-inch in greatest dimension. Some of the pseudostippling abrasions have splinters of wood protruding from them. There are wood splinters within the hair by the left ear. There is blood coming from the left ear.

A 1/8-inch purple abrasion is above the medial right eyebrow. A 1/8-inch purple contusion is on the left lateral nostril. A faint brown 1/2-inch contusion is on the right upper abdomen. The left lower back has a 1-1/2-inch x 3-inch faint purple contusion. A 1/4-inch linear abrasion is on the lateral right back.

The posterior right upper arm has a 1-inch purple contusion. The medial right thigh has a 1-1/2-inch purple-red-pink contusion. There is a 1-1/2-inch red contusion with a central 1/8-inch x 1/2-inch linear abrasion on the right patella.

X-RAYS:
Films of the head, neck, torso and upper extremities are taken.

INTERNAL EXAMINATION

SEROUS CAVITIES:
There is 700 milliliters of blood within the left hemithorax. Approximately 400 milliliters of blood is in the right hemithorax. The pericardial sac has been lacerated by a bullet and is free of fluid collections. The abdomen is free of fluid collections. There are anterior, lateral and posterior adhesions between the lung and the right chest pleura. The diaphragm is strongly adherent to the anterior and superior surface of the liver. Several blue surgical sutures are identified within the adhesions. There are sutures within the lower anterior abdominal wall. Within the area of the xiphoid process is a calcified 1-inch x 4-inch fragment of soft tissue and fascia that contains blue suture material. The intestines have scant adhesions and are not oriented normally. There are no other fluid collections or adhesions within the pleura, peritoneum or pericardium.

NECK ORGANS:
The left carotid artery within the carotid sheath is perforated from bullet #6. The surrounding muscles are also perforated. There is a minimal amount of purple hemorrhage present. There are no other injuries to the strap muscles, hyoid bone or thyroid cartilage. The thyroid gland is tan, homogeneous and free of lesions.

HEART:
The heart is 340 grams. The coronary arteries arise normally and are right-sided dominant. The right atrium including the right coronary artery is transected off the base of the heart due to bullet #7. A fragment of the posterior right atrial wall including the foramen ovale remains attached. The left anterior descending coronary artery has focal 50, 20 and 10-percent stenoses. The circumflex coronary artery is free of disease. The myocardium is red, soft from decomposition and without scars. Both the right and left ventricles are mildly dilated. The left ventricular wall is approximately 1.5-centimeters in thickness. The valves are thin, delicate, and unremarkable.

AORTA:
The aorta has mild fatty streaks along its length. There is deep purple hemolytic staining that extends from the aortic root to the distal thoracic aorta, just proximal to the celiac artery ostium and abruptly stops. The distal aorta has red hemolytic staining. There is a perforation by bullet #7 approximately 1.0-centimeter superior to the celiac artery ostium.

LUNGS:
The right lung is 480 grams, and the left lung is 260 grams. The oropharynx has bullet perforations in the posterior superior right and left lateral pharyngeal walls. The tracheobronchial tree has a thin layer of black paste along its length and the mucosa is stained black. There is no obstruction present. Both lungs are congested, red-black and free of aeration. Anthracosis cannot be identified. Upon sectioning there is minimal edema and no focal lesions observed.

LIVER AND GALLBLADDER:
The liver is 1,340 grams. The capsule is intact and covers a red-brown parenchyma. Upon sectioning, the parenchyma has a clay-like consistency due to decomposition. There are no focal lesions. The gallbladder contains 5 milliliters of green-yellow bile. A single 1.0-centimeter lobulated, black stone is identified within the lumen.

SPLEEN:
The spleen is 170 grams. The capsule is friable and covers liquefied, dark red parenchyma. The white pulp is not visualized. There are no focal lesions.

PANCREAS:
The pancreas has autolytic changes including saponification. The parenchyma is orange-brown, slightly lobulated and free of lesions.

ADRENAL GLANDS:
The glands are soft and friable due to decomposition. Yellow cortices and softened brown medullae are present. No lesions are identified.

GASTROINTESTINAL TRACT:
The tongue is atraumatic. The esophagus has decomposition changes. It is perforated by bullet #7 approximately 1.0-centimeter superior to the gastroesophageal junction. The gastroesophageal junction and gastric mucosa are autolytic. There are no rugal folds present. The stomach contains 100 milliliters of orange–tan fluid. The small and large intestines are distended with gas. There is spillage of liquefied brown stool in the right upper quadrant due to intestinal perforations from bullet #8. A mild amount of purple hemorrhage surrounds the perforation sites. The appendix is not identified.

KIDNEYS:
The right kidney is 130 grams, and the left kidney is 145 grams. Both capsules strip with ease from each smooth cortical surface. The hilum of the right kidney has two 0.5-centimeter lacerations. No perforation of the organ is present. Upon bisection, the calyces are patent and free of stones or hydronephrosis.

BLADDER:
The bladder contains 20 milliliters of clear, yellow urine. The mucosa is light tan and unremarkable.

GENITALIA:
The penis is circumcised. The prostate and testicles are not examined.

BRAIN AND MENINGES:
The brain is 1,425 grams and has a congested, red-gray appearance due to decomposition. The parenchyma is soft and friable. There is no epidural or subdural hemorrhage. The brain has diffuse red subarachnoid hemorrhage. The leptomeninges have been perforated multiple times by bullets. They are otherwise thin and free of purulent exudate. The entire inferior surface of the left cerebral hemisphere is lacerated. The brain stem is also lacerated and partially transected as it is along the path of bullet #4. The cranial nerves and vessels are disrupted and not identifiable. Upon sectioning, the cortical ribbon is thin and even. There is no intraparenchymal hemorrhage or lesions identified. The cerebellum is soft and friable. No distinct perforation is present. There are purple linear hemorrhages throughout the pons. The proximal spinal cord is lacerated. The rest of the spinal cord is not examined.

SKULL AND SUBGALEA:
There is a mid frontal bone fracture that extends to either side of the cribriform plate. These fracture lines join to a hinge fracture across the sella turcica. The left temporal bone and the mid and posterior left cranial fossae have comminuted fractures. No distinct bullet defects are identified. The right and left halves of the mandible are each fractured. There is diffuse red-purple subgaleal hemorrhage.

RIBS/STERNUM:
The right anterior ribs #2 and 3 are fractured and the left posterior intercostal space #11 is perforated due to the path of bullet #7. The rest of the ribs are atraumatic. A calcified, rectangular, midline mass extends from the xiphoid to the upper abdomen. The sternum is unremarkable.

VERTEBRAE:
There is a fracture of cervical vertebrae #1 and 2 with a complete disarticulation of the occipito-atlantal joint due to bullet #4. A bullet is recovered in this joint space. The lateral aspect of left thoracic vertebra #11 has a graze injury from bullet #7. The rest of the vertebrae are unremarkable.

PELVIS:
The pelvis is atraumatic and within normal limits.

EXTREMITIES:
The right forearm has multiple linear lacerations that expose muscle trauma and comminuted fractures of the radius and ulna. X-rays reveal minute metallic fragments and snowstorm effect suggestive of a high-power projectile creating the wound. There are no distinct entrance or exit defects. The rest of the extremities have a scar, a contusion and abrasions as previously described.

MICROSCOPIC EXAMINATION
Not performed.

LABORATORY EXAMINATION
Laboratory examinations were ordered, and the results are attached.

07/07/2016 njb

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UNCOVERING THE CAUSE OF DEATH

HAMILTON COUNTY CRIME LABORATORY

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
3159 Eden Avenue, Cincinnati, Ohio 45219-2299
Crime Laboratory 513-946-8750 Fax 513-946-8772

TOXICOLOGY REPORT

SUBJECT NAME(S): Rhoden, Sr., Christopher
SUBMITTING AGENCY: Pike County Coroner

FILE #: C[illegible]-01416
DATE REPORTED: 05/20/2016

RESULTS:

Headspace Gas Chromatography:

Item #	Specimen	Results	Concentration
1-1	Peripheral blood - A	Ethyl Alcohol	N[illegible]

Immunoassay Screen (ELISA) **Presumptive:**

ELISA Screen: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids, Carisoprodol, Cocaine/Metabolites, [illegible] Methadone, Methamphetamine, Opiates, Oxycodone, Tramadol, Tricyclic Antidepressants, Zol[illegible]

Item #	Specimen	Results	[illegible]
1-9	Serum	Benzodiazepines	P[illegible]e

NOTE: **ELISA POSITIVE RESULTS** are **PRELIMINARY ONLY**, and are **NOT** considered a positive finding in the absence of a confirmatory analysis, as listed below. Presumptively positive ELISA results may not confirm.

Benzodiazepines Confirmation (GCMS*):

Item #	Specimen	Results	Concentration
1-1	Peripheral blood - A	No Benzodiazepines Detected	

General Drug Screen (GCMS*):

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - B	Caffeine	PRESENT

* Gas Chromatography / Mass Spectrometry

The Caffeine result for Item #1-2 is qualitatively PRESENT, but has not been confirmed by an alternate analytical method.

Rachel M Hamilton

Rachel M. Hamilton
Toxicologist

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