



County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER
5570 OVERLAND AVE., SUITE 101, SAN DIEGO, CALIFORNIA 92123-1206
TEL: (858) 694-2895 FAX: (858) 495-5956

1/5/2016

INVESTIGATIVE REPORT

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE)		AKA	HIO	CASE NUMBER	
	SHERLOCK, Michael De Carlo				15-02760	
	INVESTIGATOR	REPORTED BY	REPORTING AGENCY		PREVIOUS WAIVE #	
	Sandra Joseph	Officer Armstrong ID	San Diego County Medical Examiner			
	CALL DATE AND TIME		ARRIVAL DATE AND TIME		RETURN DATE AND TIME	
	12/03/2015 0703		12/03/2015 0810		12/03/2015 1300	
DECEDENT	DATE AND TIME OF DEATH		DATE OF BIRTH	AGE	GENDER	RACE
	12/03/2015 0634		01/25/1968	47 Years	Male	White
	RESIDENCE (STREET, CITY, STATE, ZIP)			COUNTY	LAST SEEN ALIVE	
	5439 Westknoll Drive San Diego, CA 92109				12/2/2015 2000	
	COUNTRY OF RESIDENCE	OCCUPATION			PAID AUTOPSY	
	USA	Self-employed				
DEATH	LOCATION OF DEATH			TYPE OF PLACE		
	Found, Tourmaline Surfing Park			Other		
	ADDRESS (STREET, CITY, STATE, ZIP)					
N 32 48 20 W 117 15 47 La Jolla, CA 92037						
SUMMARY						
<p>The decedent was a 47 year old, married, White male who resided in San Diego with his wife and two minor children. The decedent was last seen by his wife on the evening of 12/3/2015 when he was upset and said he was going to the beach. On the morning of 12/3/2015, a surfer at Tourmaline Surfing Park saw the decedent seated on the rocky beach against the cliff. As he approached, he saw blood on his face and a gun at his left hip. The surfer called 9-1-1. San Diego Police Department and San Diego Fire Department engine 21 responded to the scene and death was confirmed without intervention.</p> <p>Medical Examiner's jurisdiction invoked according to the California Government Code 27491: Death due to known or suspected suicide.</p>						
INCIDENT	LOCATION OF INCIDENT			INCIDENT PLACE TYPE		
	Beach			AT WORK AT RESIDENCE		
	ADDRESS (STREET, CITY, STATE, ZIP)			COUNTY		
	N 32 48 20 W 117 15 47 La Jolla, CA 92037			San Diego		
	DATE AND TIME OF INCIDENT		INVESTIGATING AGENCY	OFFICER	BADGE #	REPORT #
12/03/2015 Unk		San Diego Police	Officer Armstrong	7324		
DECEDENT WAS		BELTED	HELMETED	POSITION ON PRIVATE PROPERTY		
		Yes	No	Yes No		
VEHICLE				LICENSE NUMBER		STATE
NOTIFICATION	IDENTIFIED BY		METHOD		DATE AND TIME	
	Sandra Joseph		Personal Effects		12/03/2015 0810	
	FUNERAL HOME		PROPERTY		PUBLIC ADMINISTRATOR	TYPE OF EXAM
	Bayview Cremation & Burial		Yes No		Yes No	Autopsy
	NAME OF NOK OR OTHER		RELATIONSHIP	DATE NOTIFIED		NOTIFIED BY
Amy Sherlock		Wife	12/3/2015		Other	
NAME OF NOK OR OTHER		RELATIONSHIP	DATE NOTIFIED		NOTIFIED BY	
Steve Lake		Brother in law	12/3/2015		Law Informant	

San Diego Medical Examiner
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San Diego, CA 92123-1206
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Case Number : 15-02760
Investigator : Sandra Joseph
Date of Death : 12/03/2015
Date Today : 01/05/2016

INVESTIGATIVE NARRATIVE

Decedent: Michael De Carlo Sherlock

Antemortem Events:

On 12/3/2015 at 0812 hours, I obtained the following information from San Diego Police Officer Armstrong ID 7324 at the scene. On the morning of 12/3/2015, a surfer at Tourmaline Surfing Park, just south of Bird Rock was walking along the rocky beach to see surf conditions. As he rounded a small point, he saw the decedent seated against the cliff wearing street clothes. He walked closer as the tide was up and saw the decedent had blood around his face and a gun at his left hip. The surfer went up the beach access steps to the intersection Sea Ridge Drive and Linda Way and flagged down Tad Hodgson, who had just arrived to surf. Tad Hodgson used his cell phone to call 9-1-1. Officer Armstrong and San Diego Fire Department Engine #21 responded to the scene. Paramedic McCain confirmed death without intervention due to obvious fatal head trauma.

On 12/3/2015, I obtained the following information from the decedent's brother in law, Steve Lake at the decedent's home on. Steve stated he had spoken with the decedent on 12/2/2015 and "he was in a funk". Steve told the decedent he was coming over and they spent several hours together. During that time, the decedent had presented Steve with a list of problems. Steve said they were all little things but the decedent appeared to be overwhelmed. They talked about tackling the problems one by one until they were gone. The decedent never made any suicidal threats or appeared to be in any distress. When Steve left the decedent appeared better. On the morning of 12/3/2015, Steve's sister, Amy Sherlock, the decedent's wife called him and said the decedent had left around 2000 hours to go to the beach and he had not come home. Amy heard reports of a death at the beach and she asked Steve to go see if it was the decedent. This particular stretch of beach was sentimental to Amy and it was a known location to the decedent. Steve went to the location and saw the decedent's Ford Flex. He spoke with police and was advised of the death.

Past Medical, Surgical, and Social History:

On 12/3/2015, I obtained the following information from the decedent's wife, Amy Sherlock, at her home in San Diego. He had become increasingly depressed over business losses. The decedent saw his primary care physician, Dr. Howard Williams of Scripps and was prescribed Ambien. They were trying to get him psychiatric help but no appointments were available until February 2016. The decedent did not smoke cigarettes or drink alcohol. He did smoke marijuana but had quit a few months ago. The decedent never made any threats or expressed any suicidal ideation. The decedent was in a BMX bicycle accident several years ago and his spleen was removed.

I obtained the following information from the office of Dr. Howard Williams, MD, the decedent's primary care physician. The decedent was seen on 3/9/2015 for an annual physical and to establish as a patient. History given was variety of injuries related to being a skateboarder, BMX rider and stuntman. The decedent had previous carpal tunnel surgery of both wrists, knee surgery and removal of his spleen three years previously. The decedent had a complaint of chronic back pain but was not on any medications at that time. On 11/12/2015, the decedent was seen for trouble sleeping and anxiety. He had lost his job and was sleeping poorly. His wife reported he snored very loudly and she had witnessed episodes of sleep apnea. The decedent stated he had a history of depression and took Wellbutrin for several years. He was diagnosed with sleep disturbance, obstructive sleep apnea, depression and back pain. He was started on Trazodone 50 mg tablets to be taken at bedtime.

Scene Description:

On 12/3/2015 at 0815 hours, I arrived at the scene. At the time of my arrival, the tide was going out and it was daylight. The area of the beach was comprised of large rocks overlying coarse sand. Some rocks were smooth and some were broken and had sharp edges. There were homes situated on the cliffs above the beach. There is a stairway leading from Sea Ridge Drive down to the beach which is frequented by surfers. There were seagulls on the beach and small crustaceans in proximity to the body. The decedent was seated with his back against the cliff at GPS Coordinates N 32 48

20 W 117 15 47. There were a few small droplets of blood spatter north of the body. A Sig Sauer 9mm semiautomatic handgun, serial number B246247 was against the decedent's left hip. The backstrap (back of the grip) was on the rocks and the magazine was partially ejected. There was one PMC 9mm Luger cartridge in magazine. There was rust on the weapon and the magazine. No casing was found during a search of the scene. The decedent's cell phone, wallet and keys were found in his pants pockets. The decedent's gray Ford Flex, California License Plate 6MP752 was parked on Linda Way. The vehicle was locked. The front seat appeared to be situated for someone of his reported height on the driver license of 5'10". The interior of the vehicle was very clean and neat. There was a crumpled white t-shirt in the rear of the vehicle and another shirt on a hanger. There was no blood inside the vehicle. There were no stains on the white t-shirt. The decedent's cell phone was fingerprint and password locked, however the notifications showed numerous missed phone calls and messages. The scene did not appear staged.

Body Description:

On 12/3/2015 at approximately 0825 hours, I viewed the body. The decedent was seated on the rocks with his legs extended straight in front of his body. His head was turned slightly to the right (North). His left hand was on his lap and his right hand was across rocks. There were a few small blood droplets North of the body. The decedent was wearing gray sweatpants, black hoodie zippered closed, red t-shirt and black lace shoes. There was a black ball cap was partially on and behind left shoulder. There were numerous ants and sea roaches on the body. There was drying blood from the right side of his mouth. There was small blood spatter around his mouth and drying blood from his right nostril. There was a large blood clot in his mouth. There was a contusion on his right forehead. I palpated a possible defect in his mouth but could not view it due to clotted blood. There was crepitus of his head and a large depression on the occipital area of his head. There was no defect visible on the scalp. At 0845 hours, clean white paper protective bags were placed over his hands.

On 12/3/2015 at 0920 hours, 92M Transport personnel E. Arenas and Y. Andre placed the decedent in a clean, white pouch and blue tamper evident seal 4141517 was affixed to the pouch for transport to the Medical Examiner's Office.

Special Requests:

There were no special requests.

Identification:

I identified the decedent from his California Driver License #B3811759.

Antemortem Specimens:

Not applicable.

Public Administrator:

A referral to the Public Administrator was not requested.

Other Important Factors:

There were no other important factors.

Signed:



**Sandra Joseph
Medical Examiner Investigator**

Date Signed: 1/3/2016

Approved by:





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JONATHAN R. LUCAS, M.D.
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AUTOPSY REPORT

Name:	MICHAEL DE CARLO SHERLOCK	ME#:	15-2760
Place of death:	Tourmaline Surfing Park N 32 48 20 W 117 15 47	Age:	47 Years
Date of death:	Found, December 3, 2015; 0634 Hours	Sex:	Male

Date of autopsy: December 4, 2015; 0915 Hours

CAUSE OF DEATH: PENETRATING INTRAORAL GUNSHOT WOUND

MANNER OF DEATH: SUICIDE

AUTOPSY SUMMARY:

- I. Penetrating intraoral gunshot wound:
 - A. Entrance: oral cavity/posterior pharynx.
 - B. Injury to: oral cavity, posterior pharynx, brainstem/upper cervical spinal cord, base of skull, and structures of posterior neck.
 - C. Exit: none.
 - D. Recovered: partially deformed copper-colored jacketed bullet recovered from tissue of posterior aspect of neck.
 - E. Wound pathway: the wound pathway directed front-to-back and upward with no significant right/left deviation.
 - F. Associated injuries: hemorrhage along wound path, subarachnoid hemorrhage greater at base and right side of brain, subdural hemorrhage (approximately 20 ml), linear fractures of anterior cranial fossae and right and left sides of posterior cranial fossa, contusions of inferior temporal lobes of brain, hemoaspiration, fine oral stretch marks on right and left aspects of skin of lips, and multiple contusions and abrasions of lower lip.

- II. Other injuries:
 - A. Abrasions and contusions of forehead, chin, posterior aspect of right hand, and right leg.

- III. No evidence of significant natural disease identified.
- IV. Other findings:
 - A. Extensive peritoneal adhesions and absent spleen status post remote splenectomy.
- V. Toxicological testing not contributory.

OPINION: According to the investigative information, the decedent was a 47-year-old White male who lived in San Diego with his wife and two minor children. The decedent was last seen alive on December 2nd around 2000 hours, when he was upset and said he was going to the beach. On the morning of December 3rd, a surfer at Tourmaline Surfing Park saw the decedent seated on a rocky portion of the beach against a cliff. As he approached he saw the decedent had blood on his face and a gun at his left hip. The surfer called 911. San Diego Police Department and San Diego Fire Department Engine 21 responded to the scene and death was confirmed without intervention. The decedent's brother stated that the decedent was "in a funk." The brother told the decedent he was coming over to his residence and they spent several hours together. During that time, the decedent presented to his brother a list of problems that Steve thought were all little things, but the decedent apparently appeared overwhelmed. They talked about tackling the problems one by one until they were gone. The decedent never made suicidal threats or appeared to be in any distress. When his brother left, the decedent appeared better.

At the scene, the brother located the decedent's vehicle close by. The decedent had a primary care physician and was prescribed Ambien at some point because he was becoming increasingly depressed over business losses. The family was trying to get him psychiatric help, but no appointments were available until February of 2016. The decedent reportedly did not smoke cigarettes or drink alcohol. He did smoke marijuana. He never made any threats or expressed suicidal ideation. Per the decedent's wife, the decedent had remote surgery and his spleen was removed after a BMX accident. According to medical records review, the decedent had a history of sleep disturbance, obstructive sleep apnea, depression, and back pain.

The autopsy documented a well-developed, well-nourished male appearing the stated age of 47 years. There was an intraoral gunshot wound that injured the tongue, posterior pharynx, brainstem/upper cervical spinal cord, base of skull, and soft tissues of posterior aspect of the neck. No exit wound was identified. A partially deformed copper-colored jacketed bullet was recovered from the soft tissue of the posterior neck at autopsy. The wound pathway was directed front-to-back and upward with no significant right/left deviation. There was evidence of close range discharge of a firearm (soot surrounding tongue injury). There were other minor injuries to include scattered abrasions. There was

no evidence of significant natural disease. There was evidence of a remote splenectomy. Toxicological testing detected no ethanol or common drugs of abuse in the blood.

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **penetrating intraoral gunshot wound**, and the manner of death is **suicide**.

ROBERT STABLEY, M.D.
Deputy Medical Examiner

Date signed:

The autopsy was performed at the Office of the San Diego County Medical Examiner on December 4, 2015 beginning at 0915 hours.

IDENTIFICATION: The body is identified by two Medical Examiner's identification bands on the right ankle bearing the decedent's name and case number.

WITNESSES: Assisting with the autopsy is Forensic Autopsy Specialist Stephen Hannum. There are no outside observers.

CLOTHING AND PERSONAL EFFECTS: A brown paper bag containing clothing accompanies the body at autopsy. In addition, a black, long-sleeved, zipper down the middle sweatshirt and a short-sleeved, red T-shirt are on the body. There are no obvious defects on the shirt or the sweatshirt. White paper bags cover the hands and are secured with tape; they are removed and discarded due to lack of evidentiary value.

EVIDENCE OF MEDICAL INTERVENTION: There is no evidence of medical intervention identified at autopsy.

EXTERNAL EXAMINATION

Injuries are fully described in the "Evidence of Injury" section below. The body is that of a well-developed, well-nourished male. The body weighs 187 pounds, is approximately 67 inches in length, and appears compatible with the reported age of 47 years. The body is well preserved, cold, and has not been embalmed.

The head is injured. The scalp hair is brown with streaks of gray and approximately 2 1/2 inches long. The face is clean shaven. The irides are green. The corneas are cloudy. The conjunctivae and sclerae are unremarkable. No petechial hemorrhages are seen. The external auditory canals, external nares, and oral cavity contain blood. The ears and earlobes are unremarkable. The nasal skeleton and maxilla are palpably intact. The lips and oral mucous membranes are injured. The teeth are natural. Examination of the neck reveals no gross evidence of injury.

The chest is symmetrical. The breasts are those of an adult male with no palpable masses. The abdomen is flat and soft. A vertical midline surgical scar extends from the epigastrium to approximately 3 inches inferior to the umbilicus. No other obvious surgical scars are seen. The back is symmetrical and unremarkable.

The extremities are symmetric and normally formed without track marks, ventral wrist scars, edema, deformities, or amputations. The fingernails and toenails are intact. There is blood on both hands. No obvious soot or gunshot residue is identified.

The genitalia are those of an adult male with bilaterally descended testes palpated within the scrotum.

SCARS AND OTHER IDENTIFYING MARKS: Scattered incidental scars are on the body.

TATTOOS: None.

POSTMORTEM CHANGES: The body is cold. Rigor is moderate in all extremities and in the jaw. Lividity is unfixated on the posterior surface of the body except in areas exposed to pressure.

EVIDENCE OF INJURY

PENETRATING INTRAORAL GUNSHOT WOUND:

In the oral cavity located midline is an entrance gunshot wound located approximately 9 inches below the top of the head. No obvious soot surrounds the wound. There is injury to the oral mucosa, tongue (1-3/4 x 1-1/2 inch stellate injury with soot surrounding the wound), soft palate to include uvula, posterior pharynx, clivus of base of skull, brainstem/upper spinal cord (transected), and soft tissue of posterior aspect of neck. No exit wound is identified. A partially deformed copper-colored jacketed bullet is recovered from the soft tissue of the posterior aspect of the neck. The bullet pathway is directed front-to-back and upward with no significant right/left deviation. Associated with this gunshot wound is hemorrhage along the wound path, subarachnoid hemorrhage greater at the base and right side of the brain, subdural hemorrhage (approximately 20 ml), linear fractures of the anterior cranial fossae and right and left sides of the posterior cranial fossa, contusions of the inferior temporal lobes of the brain, hemoaspiration, fine oral stretch marks on right and left aspects of skin of lips, and multiple contusions and abrasions of the lower lip.

MINOR INJURIES:

A 1 x 1 inch red abrasion is on the right forehead, just above the lateral aspect of the right eyebrow. A 1/16 inch round abrasion is on the chin region. Multiple abrasions are on the posterior aspect of the right hand and digits of the right hand. A 1 x 1 inch faint red-pink contusion is on the anterolateral aspect of the distal right leg.

INTERNAL EXAMINATION

ABDOMINAL WALL: The subcutaneous fat layer measures up to 3.0 cm thick.

BODY CAVITIES: There are extensive adhesions in the peritoneal cavity. The pleural and pericardial cavities are free of adhesions. All body cavities contain normal amounts

of serous fluid. All body organs are present in their normal anatomical position, with the exception of the spleen, which is surgically absent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM: The 420 gram heart has a normal shape and is contained in an intact pericardial sac. The epicardial surface is smooth with minimal fat investment. The coronary arteries arise normally with widely patent ostia and are present in a normal distribution, with a right-dominant pattern. Cross sections of the coronary arteries demonstrate up to 25% eccentric luminal narrowing of the mid left anterior descending coronary artery with partially calcified atherosclerotic plaques. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.5 cm, 1.4 cm, and 0.2 cm thick, respectively. The endocardium of the heart is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and contains minimal atherosclerosis. The renal and mesenteric vessels are unremarkable. The pulmonary arteries are normally developed, patent and without thrombus or embolus.

RESPIRATORY SYSTEM: The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The right lung weighs 810 grams. The left lung weighs 720 grams. The pulmonary parenchyma is congested and edematous, exuding moderate amounts of blood and frothy fluid and exhibits an aspiration pattern. A small amount of anthracotic pigment is seen. No focal lesions are noted.

HEPATOBIILIARY SYSTEM: The 1740 gram liver has an intact smooth capsule covering a congested, tan-brown parenchyma with no focal lesions noted. The gallbladder contains approximately 40 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent without evidence of calculi.

LYMPHORETICULAR SYSTEM: The spleen is not identified status post remote surgical resection. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

GASTROINTESTINAL SYSTEM: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 175 ml of dark red, opaque fluid with partially-digested food particles. No pills, pill fragments, or capsules are present. The small bowel and colon are unremarkable. The pancreas has a normal pink-tan lobulated appearance. The appendix is grossly unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 170 grams; the left 190 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the

underlying red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains less than 5 ml of cloudy, yellow urine. The prostate gland and seminal vesicles are without note. The testes are palpably unremarkable.

ENDOCRINE SYSTEM: The pituitary gland is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are intact with bright yellow cortices and red-brown medullae; no masses or areas of hemorrhage are identified.

NECK: See "Evidence of Injury." The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. Incision and dissection of the posterior neck demonstrates deep paracervical muscle injury, hemorrhage, and a partially deformed copper-colored jacketed bullet that is recovered at autopsy.

MUSCULOSKELETAL SYSTEM: See "Evidence of Injury." No non-traumatic abnormalities of muscle or bone are identified.

HEAD AND CENTRAL NERVOUS SYSTEM: See "Evidence of Injury." The scalp is atraumatic. The galeal, subgaleal soft tissues of the scalp, and temporal muscles are free of injury. The dura mater and falx cerebri are intact. There is no epidural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres have an unremarkable pattern of gyri and sulci. The blood vessels at the base of the brain are without significant atherosclerosis. The brain weighs 1470 grams. Coronal sections through the cerebral hemispheres reveal no non-traumatic lesions. The ventricles of the brain are of normal size and contain clear cerebrospinal fluid. Transverse sections through the brainstem, cerebellum, and upper spinal cord reveal no non-traumatic lesions. The tongue is injured.

SPECIMENS RETAINED

TOXICOLOGY: The following specimens are submitted for toxicology: central and peripheral blood, vitreous humor, liver, and gastric contents.

HISTOLOGY: Portions of tissues and major organs are retained in formalin. No sections are submitted for microscopic examination.

PHOTOGRAPHS: Digital identification photographs and photographs of injuries and projectile are taken.

RADIOGRAPHS: X-rays of the head and neck are taken and reveal a metallic object in the posterior aspect of the neck, which is recovered at autopsy and determined to be a partially deformed projectile.

RS:lcb

D: 12/4/15 T: 12/15/15

Rev. 12/28/15 lcb



County of San Diego

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TOXICOLOGY REPORT

Name: **SHERLOCK, Michael De Carlo**
 Medical Examiner Number: **15-02760**
 Date of Death: **12/03/2015**
 Time of Death: **06:34**
 Pathologist: **Robert Stabley, M.D.**
 Specimens Received: **Central Blood, Gastric, Liver, Peripheral Blood 1, Peripheral Blood 2, Vitreous**
 Date Specimens Received: **12/07/2015**

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC/FID-Headspace)</u>	Peripheral Blood 2	
Alcohol (Ethanol)		Not Detected
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Central Blood	
Cocaine metabolites		Not Detected
Amphetamines		Not Detected
Opiates		Not Detected
Benzodiazepines		Not Detected
Fentanyl		Not Detected
Cannabinoids		Not Detected
Phencyclidine (PCP)		Not Detected
Oxycodone		Not Detected
Methadone		Not Detected
Zolpidem		Not Detected
Carisoprodol		Not Detected
Buprenorphine		Not Detected

Unless otherwise requested, all specimens will be destroyed six (6) months after the closure of the case by the Medical Examiner
 End Results

Approved and Signed:
12/14/2015

Iain M. McIntyre, Ph.D.
Forensic Toxicology Laboratory Manager
(All Inquiries/Correspondence)

Reviewed:

Amber Trochta
Toxicologist II

