



# Oregon

Kate Brown, Governor

An ASCLD/LAB - International Accredited Testing Laboratory Since 2006

Department of State Police  
Forensic Laboratory  
13309 SE 84th Ave.  
Clackamas, OR 97015  
State Medical Examiner  
971-673-8200  
FAX 971-673-8321

March 11, 2019

Lincoln County Medical Examiner's Office  
2870 West Devils Lake Road  
Lincoln City Medical Center  
Lincoln City, OR 97367

**Attention: DR. MICHELE STAUFFENBERG**

LACEY, JAMES (DOD: 01/08/19)

Lab No. 19M-000106

Agency Case 19-0119

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on January 16, 2019 via [REDACTED]

**Exhibit 01** - A grey-stoppered femoral blood specimen which is labeled as LACEY, JAMES .

Alcohol/volatiles analysis confirms:

- Ethanol - Not Detected
- Acetone - Not Detected

This analysis was requested by Michele Stauffenberg, M.D.

Evidence will be returned at the earliest convenience.

[REDACTED] Forensic Scientist

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.

03/08/19 SR 1 of 4

MOS NC  
Mar 11, 2019Oregon State Police Forensic Services Request  
State Medical Examiner Request Form

County Medical Examiner Office <b>Lincoln</b>		<input type="checkbox"/> Restrict This Case <input type="checkbox"/> Rush Case - Reason & Date Due <input type="checkbox"/> Additional Info Only <input type="checkbox"/> Previous Specimen Submitted		Case# 19M-000106 # 001 Draw 01/09/19 Dr. MS Lacey, James Lincoln 19-C119	Sub #
State # <b>19-0119</b>		Forensic Pathologist: <input type="checkbox"/> KG <input type="checkbox"/> CN <input type="checkbox"/> LL <input type="checkbox"/> CY <input type="checkbox"/> JO <input type="checkbox"/> DD <input type="checkbox"/> Other <b>M. BRIDGE</b>		County <b>Lincoln</b>	
Last <b>LACEY</b>		First <b>JAMES</b>		Middle	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown		DOB <b>11/15/70</b>	Date of Death <b>1/5/19 23:56</b>	Is this a Motor Vehicle Accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Investigating County ME (Physician) <b>M. FRASER</b>		ME Investigator <b>[REDACTED]</b>		[REDACTED]	
Lab Exhibit	Specimens Note: Gray tops are for blood ONLY				
	<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vitreous Qty <b>1</b>				
	<input type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous Qty				
<b>SR 1</b>	<input checked="" type="checkbox"/> Gray Top Tube <input checked="" type="checkbox"/> Blood Qty <b>1</b>				
	<input type="checkbox"/> Gray Top Tube <input type="checkbox"/> Blood Qty				
	<input checked="" type="checkbox"/> Other <b>GRAY</b> <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Vitreous <input type="checkbox"/> Other Qty				
	<input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other Qty				
Site of blood draw: (required) <input checked="" type="checkbox"/> Femoral <input type="checkbox"/> Subclavian <input type="checkbox"/> Cardiac (peripheral blood preferred) <input type="checkbox"/> Other Drawn by: <b>ME</b> Date Drawn: <b>1/9/19</b>					
Case Information (Brief Circumstances of Death) <b>Commercial crash, boat capsize</b> <b>NEW 1/16/19</b>					
Submitted to Lab By (Please Print) <b>M. FRASER</b>		Submitted to Lab By (Signature) <b>[Signature]</b>		Date <b>1-9-19</b>	
Submitted via <input checked="" type="checkbox"/> ME Specimen Closet <input type="checkbox"/> Other		LAB USE ONLY Evidence Packaging Description - Storage Location <b>One (1) HSI BHB TOX EVAPORICE LOCKER</b>			
Date / Time <b>1/7/19 0524</b>					
Lab Staff <b>[Signature]</b>					
Evidence Transfer or Referral Received From		Via: <input type="checkbox"/> UPS	Date/Time	Lab Staff	<input type="checkbox"/> Items <input type="checkbox"/> Submission

CG 050

Crew Toxicology Lab Results

Page 2 of 49

ALL Non-Gray Sections MUST be filled out

Rev 04-12

RUSH

Page # 2

Batch # 20190308

## POSTMORTEM BLOOD VOLATILES WORKSHEET

(Tox Requested)

Lab Case # 19 M- 106

Start Date: 03/08/19

Analyst: SR

MVA - ☐ Yes ☒ No

Exhibit # 1

# 1 Gray-stoppered vial(s): ☐ Cardiac ☒ Femoral ☐ Aorta ☐ Chest ☐ Subclavian ☐ Unknown  
☐ \_\_\_\_\_ Blood

# \_\_\_\_\_ -stoppered vial of \_\_\_\_\_ ☐ Urine ☐ Vitreous humor  
(Other type of sample)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VIAL DESCRIPTION Ex 1

Name: Lacey, James

☐ Reported ☒ Labeled as having been drawn

### Vial Additives:

☒ NaF only ☐ NaF/K Oxalate ☐ \_\_\_\_\_ EDTA ☐ None ☐ Undetermined/Unreadable ☐ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethanol Results (g/dL): 0.0000 / 0.0000 Ethanol concentration: NO ± SR g/dL

Acetone Results (mg/dL): 0.0000 / 0.0000 Acetone concentration: NO ± SR mg/dL

Ethanol not detected (if less than 0.010 g/dL) ☒ Yes (if box is checked add statement to report)

Acetone not detected (if less than 1 mg/dL) ☒ Yes (if box is checked add statement to report)

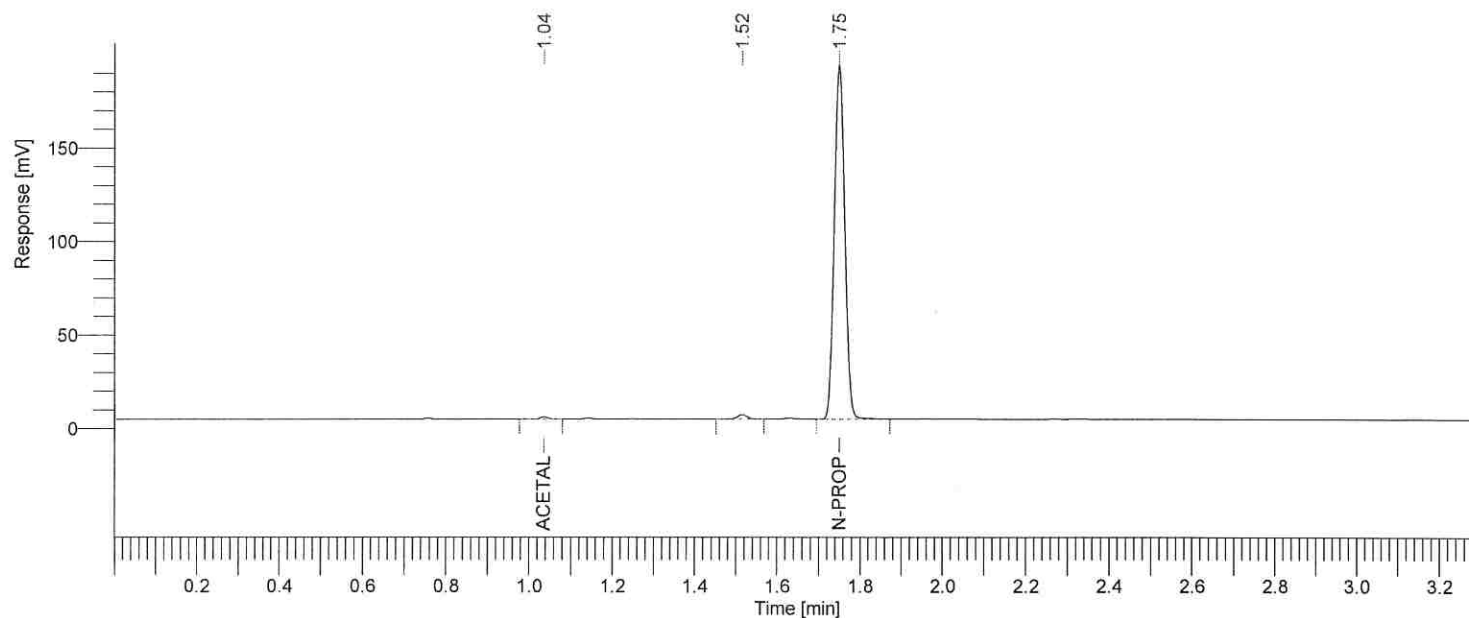
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quality Control:	Control values are within acceptable range	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Separation of volatiles acceptable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Negative control acceptable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Software Version : 6.3.2.0646  
Sample Name : 19M-106-1  
Instrument Name : GC  
Rack/Vial : 0/0  
Sample Amount : 1.000000  
Cycle : 104 *86*  
*SR*

Date : 3/11/2019 5:47:19 AM  
Data Acquisition Time : 3/8/2019 5:28:46 PM  
Channel : A  
Operator : PDXHSGC  
Dilution Factor : 1.000000

Result File : C:\GC\Data\2019\20190308C (SR)\data086.rst  
Sequence File : C:\GC\Sequences\2019\20190308C (SR).seq



## Blood Volatiles Report

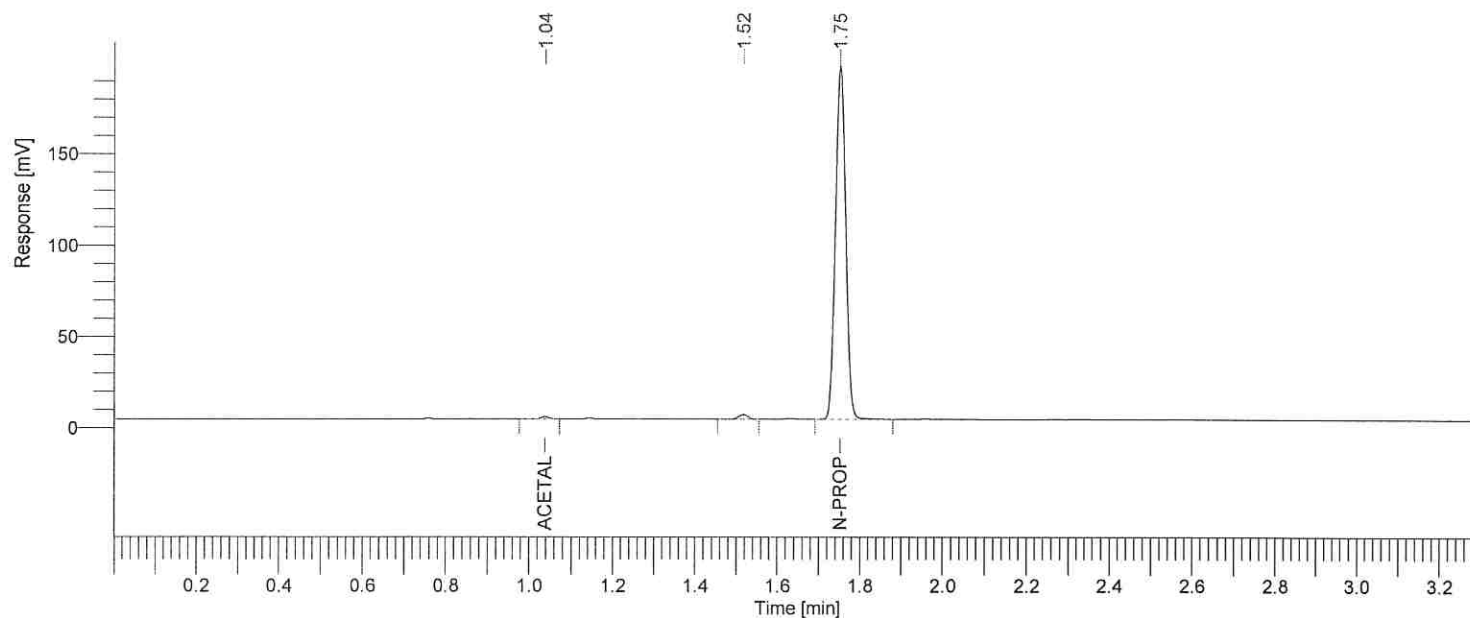
Oregon State Police - Portland Metro Forensic Laboratory

Component Name	Peak #	Ret Time (min)	Area (μV·s)	Calc. Result	Component Name
Acetaldehyde	1	1.036	1627.28	0.0000	Acetaldehyde
n-Propanol	3	1.750	330153.30	-----	n-Propanol



Software Version : 6.3.2.0646	Date : 3/11/2019 5:47:26 AM
Sample Name : 19M-106-1	Data Acquisition Time : 3/8/2019 6:30:24 PM
Instrument Name : GC	Channel : A
Rack/Vial : 0/0	Operator : PDXHSGC
Sample Amount : 1.000000	Dilution Factor : 1.000000
Cycle : 120 <i>102</i>	

Result File : C:\GC\Data\2019\20190308C (SR)\data102.rst  
Sequence File : C:\GC\Sequences\2019\20190308C (SR).seq



## Blood Volatiles Report

Oregon State Police - Portland Metro Forensic Laboratory

Component Name	Peak #	Ret Time (min)	Area (μV·s)	Calc. Result	Component Name
Acetaldehyde	1	1.038	1727.66	0.0000	Acetaldehyde
n-Propanol	3	1.752	337148.69	-----	n-Propanol



# Oregon

Kate Brown, Governor

February 19, 2019

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Clackamas, OR 97015  
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**Exhibit 01** - A grey-stoppered femoral blood specimen which is labeled as LACEY, JAMES ..

Toxicological examination indicates the presence of the following; however, these results are not confirmed:

- Cannabinoids

Exhibit 02, a red-stoppered urine specimen, was not examined.

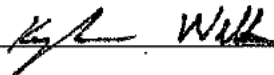
Exhibit 03, a grey-stoppered vitreous humor specimen, was not examined.

Refer to other report(s) regarding this case.

This analysis was requested by Michele Stauffenberg, M.D.

Evidence will be returned at the earliest convenience.

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.

  
\_\_\_\_\_


Kaylon C. Wells, Forensic Scientist

488 NC 2/26/19

# Oregon State Police Forensic Services Request State Medical Examiner Request Form

11 FEB 19 KW

p 1 of 7

County Medical Examiner Office <b>Lincoln</b>		<input type="checkbox"/> Restrict This Case <input type="checkbox"/> Rush Case - Reason & Date Due		Case# 19M-000106 # 001 Draw 01/09/19 Dr. MS  Lacey, James Lincoln 19-0119		Sub #	
State <b>19-0119</b>		<input type="checkbox"/> Additional Info Only <input type="checkbox"/> Previous Specimen Submitted					
Forensic Pathologist: <input type="checkbox"/> KG <input type="checkbox"/> CN <input type="checkbox"/> LL <input type="checkbox"/> CY <input type="checkbox"/> JO <input type="checkbox"/> DD <input type="checkbox"/> Other <b>M. STAUDE</b>				County <b>LINCOLN</b>			
Last <b>LACEY</b>		First <b>JAMES</b>		Middle			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown		DOB <b>11/18/70</b>		Date of Death <b>1/8/19 23:56</b>		Is this a Motor Vehicle Accident? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Investigating County ME (Physician) <b>M. FRASER</b>		ME Investigator		[Redacted]			
Lab Exhibit		Specimens		(at least one box required)			
2		<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vitreous Qty 1		<b>MVA: Screen for drugs</b> <b>Blood Alcohol</b> <input checked="" type="checkbox"/> ME Blood Alcohol <b>CO</b> <input type="checkbox"/> ME Carbon Monoxide  <b>DRUG SCREENS REQUESTED ON THIS FORM WILL BE DISREGARDED.</b>  <b>REQUESTS FOR SUCH TESTS MUST GO THROUGH THE STATE MEDICAL EXAMINER'S OFFICE</b>			
		<input type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous Qty					
1		<input checked="" type="checkbox"/> Gray Top Tube <input checked="" type="checkbox"/> Blood Qty 1					
		<input type="checkbox"/> Gray Top Tube <input type="checkbox"/> Blood Qty					
3		<input checked="" type="checkbox"/> Other <b>GRAY</b> <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Vitreous <input type="checkbox"/> Other Qty					
		<input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other Qty					
		Site of blood draw: (required) <input checked="" type="checkbox"/> Femoral <input type="checkbox"/> Subclavian <input type="checkbox"/> Cardiac (peripheral blood preferred) <input type="checkbox"/> Other					
Drawn by: <b>MF</b>		Date Drawn <b>1/9/19</b>					
Case Information (Brief Circumstances of Death) <b>Commercial crabber, boat capsized</b>							
Submitted to Lab By (Please Print) <b>M. FRASER</b>		Submitted to Lab By (Signature) <b>[Signature]</b>		Date <b>1-9-19</b>			
Submitted via <input checked="" type="checkbox"/> ME Specimen Closet <input type="checkbox"/> Other		LAB USE ONLY Evidence Packaging Description - Storage Location <b>One (1) HSI BHB TOX EVIDENCE LOCKER</b>					
Date / Time <b>1.17.19 0524</b>							
Lab Staff <b>[Signature]</b>							
Evidence Transfer or Referral Received From:		Via: <input type="checkbox"/> UPS		Date/Time		Lab Staff <input type="checkbox"/> Items <input type="checkbox"/> Submission	



# POSTMORTEM TOXICOLOGY WORKSHEET

Lab Case # 19M- 106 ANALYST KW DATE: 2/11/19  
 Evidence received in a heat-sealed and initialed biohazard bag? ☒ Yes ☐ No (if no, describe):

P<sup>2</sup>  
KW

Sample(s) received and exhibit number(s):

- ( ) Cardiac or Aorta blood  
1 ( 1g ) Femoral or Subclavian blood  
 ( ) Unknown draw site (blood)  
2 ( 1r ) Urine  
3 ( 1g ) Vitreous Humor  
 ( ) Hospital  
 ( )

( x ) Labeled as: ( ) Reported from:

Lacey, James

NOTES: capsized commercial

crabbing boat

## Quantitative Results (blood): (mg/L)

☐ Fails to confirm controlled substances or common pharmaceuticals

Cannabinoids

## Qualitative Results (urine):

☐ Fails to confirm controlled subs. or common pharms

No request

**Blood Volatiles Results:** Ethanol \_\_\_\_\_ g/dL Acetone \_\_\_\_\_ mg/dL Date: \_\_\_\_\_

**ELISA BLOOD** Pos/Neg controls acceptable: ☒ Yes ☐ No

Date: 2/15

- ☐ Amphetamine ☐ Barbs ☐ Opiates ☒ Cannabinoids ☐ BE/Coc ☐ Tricyclics  
☐ Methamp ☐ Benzos ☐ Oxycodone ☐ Fentanyl ☐ Methadone ☐ all NEGATIVE

**EMIT URINE** Pos/Neg controls acceptable: ☐ Yes ☐ No

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

- ☐ Amph ☐ Benzos ☐ Cocaine ☐ Opiate ☐ Zolpidem ☐ Buprenorphine  
☐ Barbs ☐ Cannabinoid ☐ Methadone ☐ Carisoprodol ☐ Oxycodone ☐ all NEGATIVE

## Extractions:

- ☒ Blood SLE QTOF 2/12 ☐ Anti+ LC/MS/MS  
☐ Urine QTOF ☐ Rx/OTC Low LC/MS/MS  
☐ Urine SPE GC/MS ☐ Rx/OTC Mid LC/MS/MS  
☐ AG Amp LC/MS/MS ☐ Rx/OTC High LC/MS/MS  
☐ AG Opiate LC/MS/MS ☐ SynOpioid LC/MS/MS  
☐ Benzo LC/MS/MS ☐ KraSyn LC/MS/MS

## Sent-out for testing:

- ☐ NMS: Electrolytes and glucose, 1919FL  
☐ NMS:  
☐ PEGenetics: metabolic screening

## Blood Co-Oximetry

UV-Vis Spec

%COHb: \_\_\_\_\_

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

Quality Control: Positive and negative controls acceptable ☒ Yes ☐ No  
 Vial position on auto-sampler verified ☒ Yes ☐ No

Pipettes: 1000µL KW B534340102  
 250 µL KW B546700017  
 100 µL KW B524037731  
 50 µL KW/JLS B543613282  
 10 µL B544650900

p3  
fw

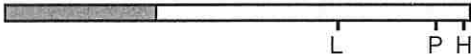


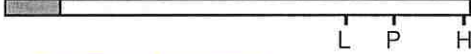







CLV

# ELISA REPORT

Oregon State Police Forensic Laboratory  
Clackamas, Oregon

Sample: 19M-106-1

Instrument: ELISATOX

Location	Assay	Result	Binding	lpc	pc	hpc
C6	AMPHETAMINE	NEG	101.39	54	29	22
			Negative			
C6	BARBITURATES	NEG	101.35	46	37	28
			Negative			
C6	BE	NEG	79.613	54	46	35
			Negative			
C12	BENZODIAZEPINES	NEG	127.25	61	50	34
			Negative			
C6	CANNABINOIDS	POS	13.511	62	43	31
			Positive			
C12	FENTANYL	NEG	97.227	47	37	30
			Negative			
C12	METHADONE	NEG	72.228	76	50	41
			Elevated			
C12	METHAMPHETAMINE	NEG	92.642	55	42	31
			Negative			
C6	OPIATES	NEG	93.398	55	45	32
			Negative			
C12	OXYCODONE	NEG	101.35	14	10	9
			Negative			
C6	TRICYCLICS	NEG	131.24	59	44	33
			Negative			

## Analysis Date/Time

02/15/2019 - 08:51:46  
02/15/2019 - 09:00:02  
02/15/2019 - 09:08:26  
02/15/2019 - 09:41:15  
02/15/2019 - 09:49:35  
02/15/2019 - 09:53:47

## Workspace File

20190215AM.wsp  
20190215BB.wsp  
20190215OO.wsp  
20190215TF.wsp  
20190215BM.wsp  
20190215TC.wsp



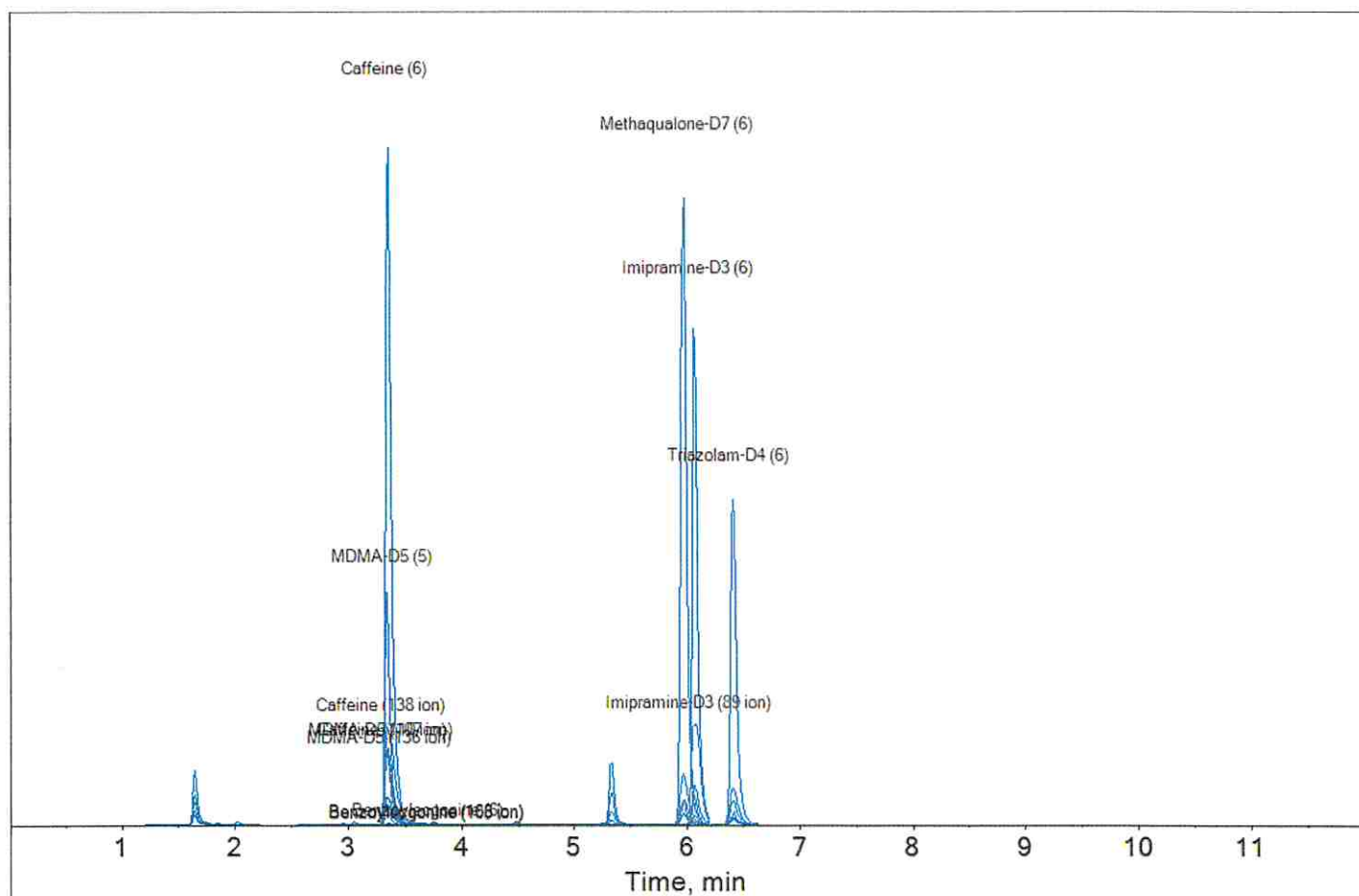
# Oregon State Police Forensic Services Division

p4  
kw

19M-106-1

Data		Acquisition	
Data File	39_19M-106-1.wiff (sample 1)	Method	POS SWATH OSP Tox Drug Screen (12Dec18).dam
Date and Time	Wednesday, February 13, 2019 (6:20:50 PM)	Instrument Serial #	BN24271504
		Operator	TripleTOF5600\BN24271504
Batch	D:\Analyst Data\Projects\Screening\Postmortem casework\Batch\021219 KW Bloods.dab		
Sample		Results	
		Result Table	
		Library Search	
Dilution Factor	1.0000	Library	All Libraries
Vial	102	Mass Tolerance	0.4
Injection Volume	10.00 µL	Purity Threshold	0.05
		Total Positive Counts	56

## Extracted Ion Chromatogram



# Oregon State Police Forensic Services Division

## Summary

p5  
kw

19M-106-1

✓✓✓✓✓ Mass Spec Library	Compound Name (Library Hit)	Score	Intensity	Threshold	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Benzoyllecgonine (6) (Benzoyllecgonine)	90%	12117	50	290.1387	-0.6	3.75	0.00	88.1%
✓✓✓✓✓	Benzoyllecgonine (168 ion) (Benzoyllecgonine)	90%	6744	50	290.1387	-0.6	3.75	0.00	88.2%
✓✓✓✓✓	Benzoyllecgonine (105 ion) (Benzoyllecgonine)	90%	2690	50	290.1387	-0.6	3.75	0.00	88.2%
✓✓✓✓✓	Benzoyllecgonine (82 ion) (Benzoyllecgonine)	89%	1134	50	290.1387	-0.6	3.75	0.00	86.7%
✓✓✓✓✓	Benzoyllecgonine (150 ion) (Benzoyllecgonine)	89%	602	50	290.1387	-0.6	3.75	0.00	87.1%
✓✓✓✓✓	Benzoyllecgonine (119 ion) (Benzoyllecgonine)	96%	766	50	290.1387	-1.0	3.75	0.01	96.3%
✓✓✓✓✓	Caffeine (6) (Caffeine)	98%	2693299	50	195.0877	1.4	3.35	0.00	100.0%
✓✓✓✓✓	Caffeine (69 ion) (Caffeine)	98%	79890	50	195.0877	1.4	3.35	0.00	100.0%
✓✓✓✓✓	Caffeine (83 ion) (Caffeine)	98%	105953	50	195.0877	1.4	3.35	0.00	100.0%
✓✓✓✓✓	Caffeine (110 ion) (Caffeine)	98%	302254	50	195.0877	1.4	3.35	0.00	100.0%
✓✓✓✓✓	Caffeine (123 ion) (Caffeine)	98%	70382	50	195.0877	-1.2	3.35	0.01	100.0%
✓✓✓✓✓	Caffeine (138 ion) (Caffeine)	100%	388123	50	195.0877	0.2	3.35	0.01	100.0%
✓✓✓✓✓	Cocaine (6) (Cocaine)	98%	11931	50	304.1543	0.9	4.53	0.04	100.0%
✓✓✓✓✓	Cocaine (82 ion) (Cocaine)	98%	2570	50	304.1543	0.9	4.53	0.04	100.0%
✓✓✓✓✓	Cocaine (105 ion) (Cocaine)	98%	1486	50	304.1543	0.9	4.53	0.04	100.0%
✓✓✓✓✓	Cocaine (119 ion) (Cocaine)	98%	606	50	304.1543	0.9	4.53	0.04	100.0%
✓✓✓✓✓	Cocaine (150 ion) (Cocaine)	98%	889	50	304.1543	1.0	4.53	0.05	100.0%
✓✓✓✓✓	Cocaine (182 ion) (Cocaine)	98%	8270	50	304.1543	1.0	4.53	0.04	100.0%
✓✓✓✓✓	Fentanyl (6) (Fentanyl)	87%	1662	50	337.2274	-8.2	5.41	0.06	99.7%
✓✓✓✓✓	Fentanyl (188 ion) (Fentanyl)	86%	482	50	337.2274	-8.7	5.41	0.07	100.0%
✓✓✓✓✓	Fentanyl-D5 (6) (Fentanyl-D5)	99%	245684	50	342.2588	-0.2	5.37	0.04	100.0%
✓✓✓✓✓	Fentanyl-D5 (105 ion) (Fentanyl-D5)	99%	53016	50	342.2588	0.0	5.37	0.04	100.0%
✓✓✓✓✓	Fentanyl-D5 (134 ion) (Fentanyl-D5)	99%	16217	50	342.2588	0.0	5.37	0.04	100.0%
✓✓✓✓✓	Fentanyl-D5 (137 ion) (Fentanyl-D5)	99%	17029	50	342.2588	0.0	5.37	0.04	100.0%
✓✓✓✓✓	Fentanyl-D5 (188 ion) (Fentanyl-D5)	99%	123351	50	342.2588	0.0	5.37	0.04	100.0%
✓✓✓✓✓	Fentanyl-D5 (221 ion) (Fentanyl-D5)	99%	15907	50	342.2588	0.0	5.37	0.04	100.0%
✓✓✓✓✓	Imipramine-D3 (6) (Imipramine-D3)	99%	1972183	50	284.2201	-0.1	5.99	0.08	100.0%
✓✓✓✓✓	Imipramine-D3 (89 ion) (Imipramine-D3)	98%	398278	50	284.2201	-0.4	5.99	0.08	100.0%
✓✓✓✓✓	Imipramine-D3 (208 ion) (Imipramine-D3)	99%	114527	50	284.2201	-0.1	5.99	0.08	100.0%
✓✓✓✓✓	Imipramine-D3 (61 ion) (Imipramine-D3)	99%	158166	50	284.2201	-0.1	5.99	0.08	100.0%
✓✓✓✓✓	Imipramine-D3 (193 ion) (Imipramine-D3)	99%	34441	50	284.2201	-0.1	5.99	0.08	100.0%
✓✓✓✓✓	Imipramine-D3 (236 ion) (Imipramine-D3)	99%	20250	50	284.2201	-0.1	5.99	0.08	100.0%
✓✓✓✓✓	MDMA (163 ion) (MDMA)	92%	3103	50	194.1176	-2.9	3.39	0.03	96.0%
✓✓✓✓✓	MDMA-D5 (5) (MDMA-D5)	97%	926242	50	199.1489	0.8	3.27	0.07	100.0%
✓✓✓✓✓	MDMA-D5 (107 ion) (MDMA-D5)	97%	300427	50	199.1489	0.8	3.27	0.07	100.0%
✓✓✓✓✓	MDMA-D5 (136 ion) (MDMA-D5)	97%	271589	50	199.1489	0.8	3.27	0.07	100.0%
✓✓✓✓✓	MDMA-D5 (165 ion) (MDMA-D5)	97%	111106	50	199.1489	0.8	3.27	0.07	100.0%
✓✓✓✓✓	MDMA-D5 (137 ion) (MDMA-D5)	97%	65907	50	199.1489	0.8	3.27	0.07	100.0%
✓✓✓✓✓	Methamphetamine (3) (Methamphetamine)	98%	11079	50	150.1277	-0.6	3.07	0.02	99.4%
✓✓✓✓✓	Methaqualone-D7 (6) (Methaqualone-D7)	99%	2491001	50	258.1618	0.6	5.92	0.05	100.0%
✓✓✓✓✓	Methaqualone-D7 (139 ion) (Methaqualone-D7)	99%	203483	50	258.1618	0.6	5.92	0.05	100.0%
✓✓✓✓✓	Methaqualone-D7 (216 ion) (Methaqualone-D7)	98%	98569	50	258.1618	0.6	5.92	0.05	100.0%

# Oregon State Police Forensic Services Division

p6  
KW

19M-106-1

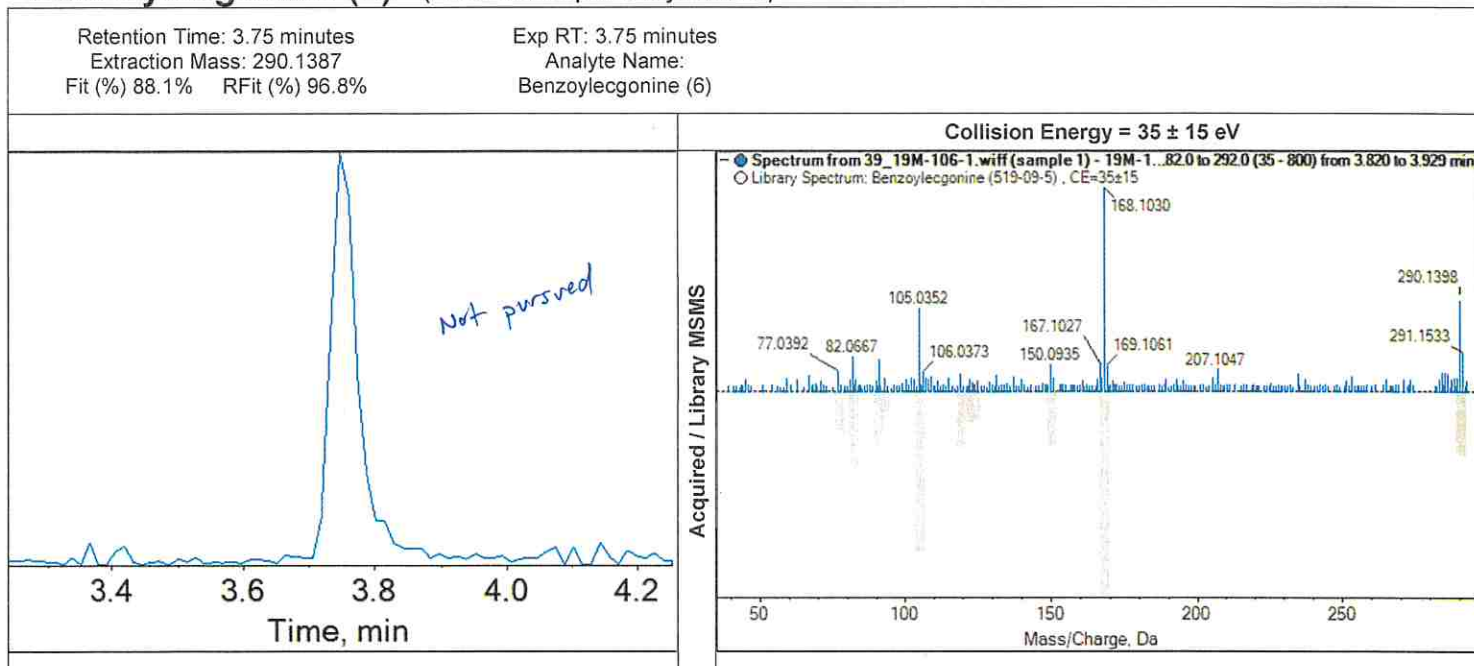
✓✓✓✓✓	Compound Name (Library Hit)	Score	Intensity	Threshold	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Methaqualone-D7 (120 ion) (Methaqualone-D7)	98%	42127	50	258.1618	0.6	5.92	0.05	100.0%
✓✓✓✓✓	Methaqualone-D7 (98 ion) (Methaqualone-D7)	98%	92540	50	258.1618	0.6	5.92	0.05	100.0%
✓✓✓✓✓	Methaqualone-D7 (124 ion) (Methaqualone-D7)	99%	45011	50	258.1618	0.6	5.92	0.05	100.0%
✓✓✓✓✓	Nicotine (5) (Nicotine)	96%	217271	50	163.1230	0.8	1.71	0.07	100.0%
✓✓✓✓✓	Nicotine (84 ion) (Nicotine)	96%	55581	50	163.1230	0.8	1.71	0.07	100.0%
✓✓✓✓✓	Nicotine (106 ion) (Nicotine)	96%	36770	50	163.1230	0.8	1.71	0.07	100.0%
✓✓✓✓✓	Nicotine (117 ion) (Nicotine)	96%	86569	50	163.1230	0.8	1.71	0.07	100.0%
✓✓✓✓✓	Nicotine (130 ion) (Nicotine)	96%	120352	50	163.1230	0.8	1.71	0.07	100.0%
✓✓▲✓✓	Triazolam-D4 (6) (Triazolam-D4)	98%	1293361	50	347.0763	1.3	6.42	0.01	100.0%
✓✓▲✓✓	Triazolam-D4 (312 ion) (Triazolam-D4)	99%	143136	50	347.0763	0.6	6.42	0.01	100.0%
✓✓▲✓✓	Triazolam-D4 (319 ion) (Triazolam-D4)	99%	95173	50	347.0763	0.6	6.42	0.01	100.0%
✓✓▲✓✓	Triazolam-D4 (243 ion) (Triazolam-D4)	98%	49659	50	347.0763	1.3	6.42	0.01	100.0%
✓✓▲✓✓	Triazolam-D4 (165 ion) (Triazolam-D4)	99%	27634	50	347.0763	0.6	6.42	0.01	100.0%
✓✓▲✓✓	Triazolam-D4 (283 ion) (Triazolam-D4)	99%	19588	50	347.0763	0.6	6.42	0.01	100.0%



# Oregon State Police Forensic Services Division

19M-106-1

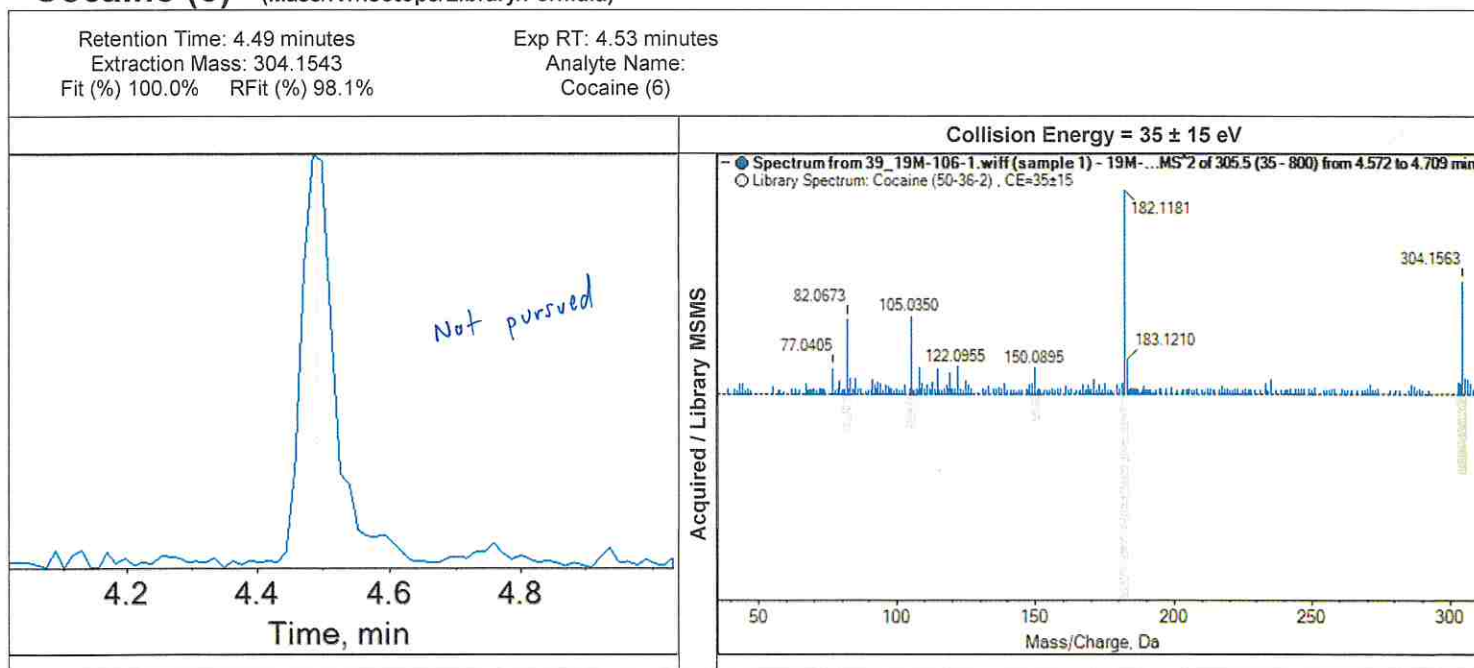
**Benzoylecgonine (6)** (Mass/RT/Isotope/Library/Formula) ✓✓✓✓✓



Mass RT Library Formula	Compound Name (Library Hit)	Score	Intensity	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Benzoylecgonine (6) (Benzoylecgonine)	90%	12117	290.1387	-0.6	3.75	0.00	88.1%

19M-106-1

**Cocaine (6)** (Mass/RT/Isotope/Library/Formula) ✓✓✓✓✓



Mass RT Library Formula	Compound Name (Library Hit)	Score	Intensity	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Cocaine (6) (Cocaine)	98%	11931	304.1543	0.9	4.53	0.04	100.0%

# INTERNAL CHAIN OF CUSTODY REPORT

LABORATORY CASE #: 19M-000106

Evidence #: 001-01

ITEM DESCRIPTION: grey-stoppered femoral blood

	<u>PIN</u>	<u>Date/Time</u>
<b>Relinquished By:</b> Williams, Nichole (SME)	[X]	1/16/2019 11:42:09AM
<b>Received By:</b> ME Transfer Locker, (STME)	[ ]	
<b>Relinquished By:</b> ME Transfer Locker, (STME)	[ ]	1/17/2019 5:24:07AM
<b>Received By:</b> [REDACTED] (SP50)	[X]	
<b>Relinquished By:</b> Lillevedt, Christina (SP50)	[X]	1/17/2019 5:24:09AM
<b>Received By:</b> Tox Lab Evid Locker (SP50)	[ ]	
<b>Relinquished By:</b> Tox Lab Evid Locker (SP50)	[ ]	2/11/2019 6:12:59PM
<b>Received By:</b> Wells, Kaylon C (SP50)	[X]	
<b>Relinquished By:</b> Wells, Kaylon C (SP50)	[X]	2/20/2019 3:05:45PM
<b>Received By:</b> Tox Lab Evid Locker (SP50)	[ ]	
<b>Relinquished By:</b> Tox Lab Evid Locker (SP50)	[ ]	3/1/2019 8:50:33AM
<b>Received By:</b> [REDACTED] (SP50)	[X]	
<b>Relinquished By:</b> Roe, Sheri (SP50)	[X]	3/21/2019 10:51:52AM
<b>Received By:</b> Tox Lab Evid Locker (SP50)	[ ]	
<b>Relinquished By:</b> Tox Lab Evid Locker (SP50)	[ ]	3/25/2019 9:15:32AM
<b>Received By:</b> Wells, Kaylon C (SP50)	[X]	
<b>Relinquished By:</b> Wells, Kaylon C (SP50)	[X]	3/25/2019 9:59:36AM
<b>Received By:</b> ME Transfer Locker, (STME)	[ ]	

NOTE: [X] indicates a secured transaction ( a PIN was entered )





# Oregon

Kate Brown, Governor

Department of State Police

Forensic Laboratory

13309 SE 84th Ave.

Clackamas, OR 97015

State Medical Examiner

971-673-8200

FAX 971-673-8321

March 11, 2019

Lincoln County Medical Examiner's Office

2870 West Devils Lake Road

Lincoln City Medical Center

Lincoln City, OR 97367

**Attention: DR. MICHELE STAUFFENBERG**

PORTER, JOSHUA (DOD: 01/09/19)

Lab No. 19M-000105

Agency Case 19-0118

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on January 16, 2019 via [REDACTED]

**Exhibit 01** - A grey-stoppered (unknown draw site) blood specimen which is labeled as PORTER, JOSHUA .

Alcohol/volatiles analysis confirms:

- Ethanol - Not Detected
- Acetone - Not Detected

This analysis was requested by Michele Stauffenberg, M.D.

Evidence will be returned at the earliest convenience.


Sheri . Roe, Forensic Scientist

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.

MOS UC  
March 11, 2019

03/08/19 SR 1 of 4

# Oregon State Police Forensic Services Request State Medical Examiner Request Form

County Medical Examiner Office <b>Lincoln</b>		<input type="checkbox"/> Restrict This Case <input type="checkbox"/> Rush Case - Reason & Date Due		Case# 19M-000105 # 001 Draw 01/09/19 Dr. MS  Porter, Joshua Lincoln 19-0118		Sub #	
State <b>19-0118</b>		<input type="checkbox"/> Additional Info Only <input type="checkbox"/> Previous Specimen Submitted					
Forensic Pathologist: <input type="checkbox"/> KG <input type="checkbox"/> CN <input type="checkbox"/> LL <input type="checkbox"/> CY <input type="checkbox"/> JO <input type="checkbox"/> DD <input type="checkbox"/> Other <b>M STAUPE</b>				County <b>LINCOLN</b>			
Last <b>PORTER</b>		First <b>JOSHUA</b>		Middle			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown		DOB <b>5/30/08</b>		Date of Death <b>1/19/19 00:30</b>		Is this a Motor Vehicle Accident? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Investigating County ME (Physician) <b>M. FRASER</b>		ME Investigator <b>[REDACTED]</b>		[REDACTED]			
Lab Exhibit	Specimens Note: Gray tops are for blood ONLY			BA or C (at least one box)			
	<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vitreous Qty <b>1</b>			<b>MVA: Screen for drugs</b> <b>Blood Alcohol</b> <input checked="" type="checkbox"/> ME Blood Alcohol <b>CO</b> <input type="checkbox"/> ME Carbon Monoxide  <b>DRUG SCREENS REQUESTED ON THIS FORM WILL BE DISREGARDED.</b>  <b>REQUESTS FOR SUCH TESTS MUST GO THROUGH THE STATE MEDICAL EXAMINER'S OFFICE</b>			
	<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Vitreous Qty <b>1</b>						
<b>SR 1</b>	<input checked="" type="checkbox"/> Gray Top Tube <input checked="" type="checkbox"/> Blood Qty <b>1</b>						
	<input type="checkbox"/> Gray Top Tube <input type="checkbox"/> Blood Qty						
	<input type="checkbox"/> Other _____ Qty						
	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other _____ Qty						
	<input type="checkbox"/> Other _____ <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other _____ Qty						
Site of blood draw: (required) <input type="checkbox"/> Femoral <input type="checkbox"/> Subclavian <input type="checkbox"/> Cardiac (peripheral blood preferred) <input type="checkbox"/> Other _____							
Drawn by: _____ Date Drawn <b>1 / 1</b>							
Case Information (Brief Circumstances of Death) <b>Commercial crabbing vessel capsized.</b>							
Submitted to Lab By (Please Print) <b>M. FRASER</b>				Submitted to Lab By (Signature) <b>[Signature]</b>		Date <b>1-29-19</b>	
Submitted via <input checked="" type="checkbox"/> ME Specimen Closet <input type="checkbox"/> Other _____		LAB USE ONLY Evidence Packaging Description - Storage Location <b>One (1) HSI BHB TOX EVIDENCE LOCKER</b>					
Date / Time <b>1.17.19 0524</b>							
Lab Staff <b>[Signature]</b>							
Evidence Transfer or Referral Received From:		Via: <input type="checkbox"/> UPS		Date/Time		Lab Staff <input type="checkbox"/> Items <input type="checkbox"/> Submission	

RUSH

Page # 2Batch # 20190311

## POSTMORTEM BLOOD VOLATILES WORKSHEET

(Tox Requested)

Lab Case # 19 M- 105 Start Date: 03/08/19 Analyst: SRMVA - ☐ Yes ☒ NoExhibit # 1# 1 Gray-stoppered vial(s): ☐ Cardiac ☐ Femoral ☐ Aorta ☐ Chest ☐ Subclavian ☒ Unknown  
☐ \_\_\_\_\_ Blood# \_\_\_\_\_ -stoppered vial of \_\_\_\_\_ ☐ Urine ☐ Vitreous humor  
(Other type of sample)Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_VIAL DESCRIPTION Ex 1Name: Porter, Joshua☐ Reported ☒ Labeled as having been drawn

## Vial Additives:

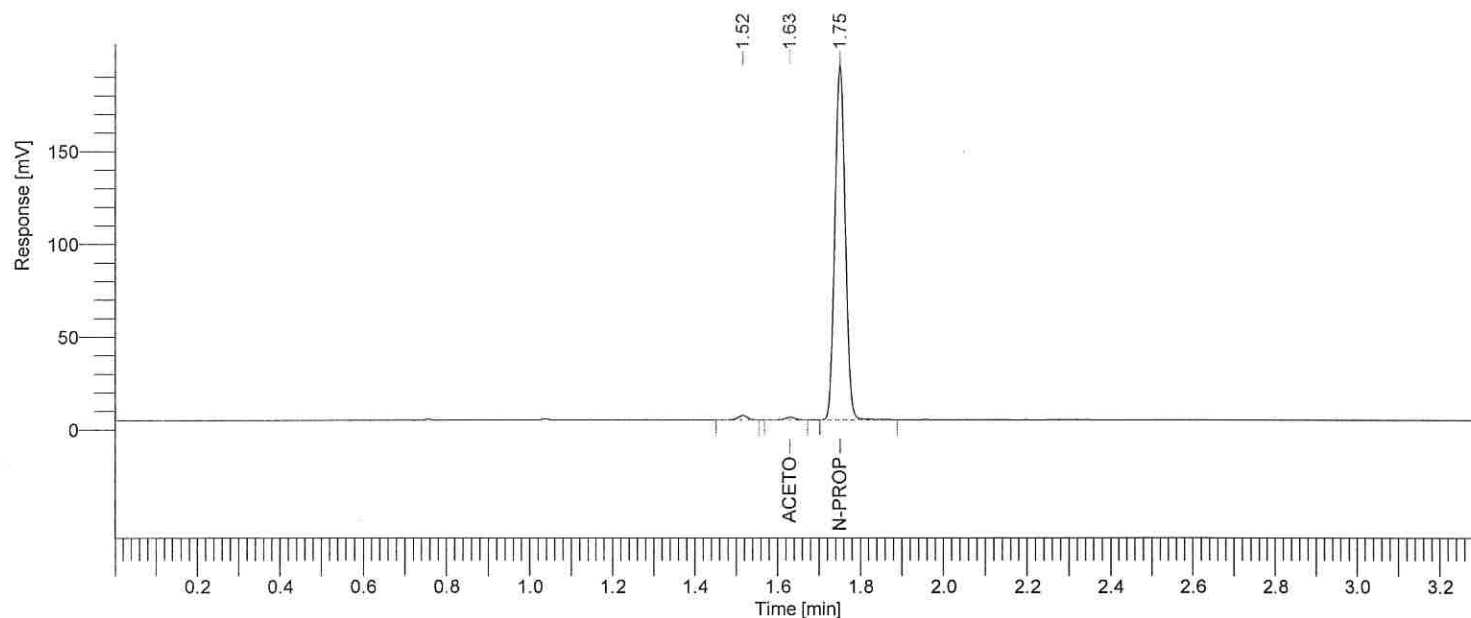
☒ NaF only ☐ NaF/K Oxalate ☐ \_\_\_\_\_ EDTA ☐ None ☐ Undetermined/Unreadable ☐ \_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Ethanol Results (g/dL): 0.0000 / 0.0000 Ethanol concentration: ND ± SR g/dLAcetone Results (mg/dL): 0.6493 / 0.6353 Acetone concentration: ND ± SR mg/dLEthanol not detected (if less than 0.010 g/dL) ☒ Yes (if box is checked add statement to report)Acetone not detected (if less than 1 mg/dL) ☒ Yes (if box is checked add statement to report)Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quality Control:	Control values are within acceptable range	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Separation of volatiles acceptable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Negative control acceptable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Software Version : 6.3.2.0646  
 Sample Name : 19M-105-1  
 Instrument Name : GC  
 Rack/Vial : 0/0  
 Sample Amount : 1.000000  
 Cycle : 103-85

Date : 3/11/2019 5:47:18 AM  
 Data Acquisition Time : 3/8/2019 5:24:58 PM  
 Channel : A  
 Operator : PDXHSGC  
 Dilution Factor : 1.000000

Result File : C:\GC\Data\2019\20190308C (SR)\data085.rst  
 Sequence File : C:\GC\Sequences\2019\20190308C (SR).seq



## Blood Volatiles Report

Oregon State Police - Portland Metro Forensic Laboratory

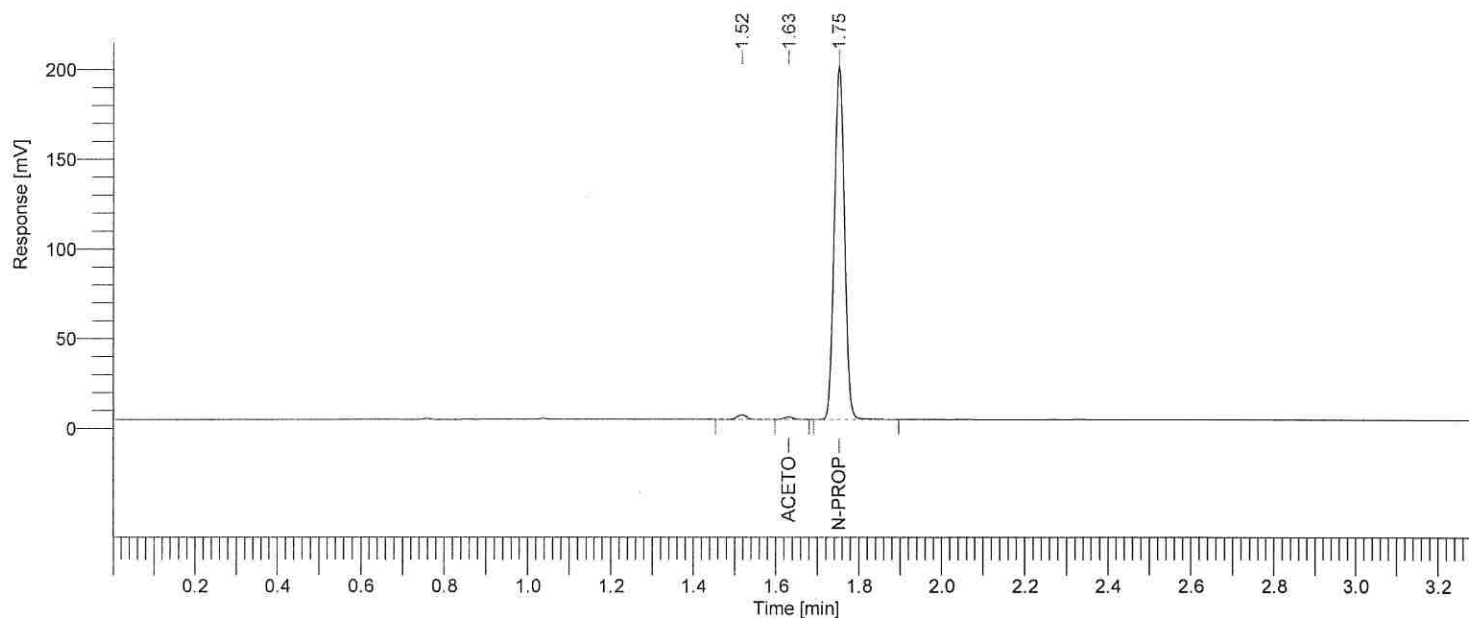
Component Name	Peak #	Ret Time (min)	Area (μV·s)	Calc. Result	Component Name
Acetone (mg/100mL)	2	1.629	2269.35	0.6493	Acetone (mg/100mL)
n-Propanol	3	1.750	332319.98	-----	n-Propanol



Software Version : 6.3.2.0646  
Sample Name : 19M-105-1  
Instrument Name : GC  
Rack/Vial : 0/0  
Sample Amount : 1.000000  
Cycle : 119-101

Date : 3/11/2019 5:47:26 AM  
Data Acquisition Time : 3/8/2019 6:26:36 PM  
Channel : A  
Operator : PDXHSGC  
Dilution Factor : 1.000000

Result File : C:\GC\Data\2019\20190308C (SR)\data101.rst  
Sequence File : C:\GC\Sequences\2019\20190308C (SR).seq



## Blood Volatiles Report

Oregon State Police - Portland Metro Forensic Laboratory

Component Name	Peak #	Ret Time (min)	Area (μV·s)	Calc. Result	Component Name
Acetone (mg/100mL)	2	1.631	2297.84	0.6353	Acetone (mg/100mL)
n-Propanol	3	1.752	343424.85	-----	n-Propanol





# Oregon

Kate Brown, Governor

February 19, 2019

**Department of State Police**  
**Forensic Laboratory**  
13309 SE 84th Ave.  
Clackamas, OR 97015  
**State Medical Examiner**  
971-673-8200  
FAX 971-673-8321

Lincoln County Medical Examiner's Office  
2870 West Devils Lake Road  
Lincoln City Medical Center  
Lincoln City, OR 97367

**Attention: DR. MICHELE STAUFFENBERG**

PORTER, JOSHUA (DOD: 01/09/19)

Lab No. 19M-000105

Agency Case 19-0118

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on January 16, 2019 via Nichole Williams.

**Exhibit 01** - A grey-stoppered (unknown draw site) blood specimen which is labeled as PORTER, JOSHUA .

Toxicological examination fails to confirm the presence of controlled substances or common pharmaceuticals.

Exhibit 02, a red-stoppered urine specimen, was not examined.

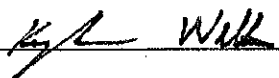
Exhibit 03, a red-stoppered vitreous humor specimen, was not examined.

Refer to other report(s) regarding this case.

This analysis was requested by Michele Stauffenberg, M.D.

Evidence will be returned at the earliest convenience.

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.

  
\_\_\_\_\_

Kaylon C. Wells, Forensic Scientist


Off NC 2/26/19

# Oregon State Police Forensic Services Request

11 FEB 19 KJW

## State Medical Examiner Request Form

plaf6

County Medical Examiner Office <b>Lincoln</b>		<input type="checkbox"/> Restrict This Case <input type="checkbox"/> Rush Case - Reason & Date Due <input type="checkbox"/> Additional Info Only <input type="checkbox"/> Previous Specimen Submitted		Case# 19M-000105 # 001 Draw 01/09/19 Dr. MS  Porter, Joshua Lincoln 19-0118		Sub #	
State <b>19-0118</b>				County <b>LINCOLN</b>			
Forensic Pathologist: <input type="checkbox"/> KG <input type="checkbox"/> CN <input type="checkbox"/> LL <input type="checkbox"/> CY <input type="checkbox"/> JO <input type="checkbox"/> DD <input type="checkbox"/> Other <b>M STAUPE</b>							
Last <b>PORTER</b>		First <b>JOSHUA</b>		Middle			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown		DOB <b>5/30/08</b>		Date of Death <b>1/19/19 00:30</b>		Is this a Motor Vehicle Accident? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	
Investigating County ME (Physician) <b>M. FRASER</b>		ME Investigator		Ph			
Lab Exhibit		Specimens Note: Gray tops are for blood ONLY					
<b>2</b>		<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vitreous Qty					
<b>3</b>		<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Vitreous Qty					
<b>1</b>		<input checked="" type="checkbox"/> Gray Top Tube <input checked="" type="checkbox"/> Blood Qty					
		<input type="checkbox"/> Gray Top Tube <input type="checkbox"/> Blood Qty					
		<input type="checkbox"/> Other _____ <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other _____ Qty					
		<input type="checkbox"/> Other _____ <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other _____ Qty					
		Site of blood draw: (required) <input type="checkbox"/> Femoral <input type="checkbox"/> Subclavian <input type="checkbox"/> Cardiac (peripheral blood preferred) <input type="checkbox"/> Other _____					
		Drawn by: _____ Date Drawn <b>1/1</b>					
<b>MVA: Screen for drugs</b> <b>Blood Alcohol</b> <input checked="" type="checkbox"/> ME Blood Alcohol <b>CO</b> <input type="checkbox"/> ME Carbon Monoxide  <b>DRUG SCREENS REQUESTED ON THIS FORM WILL BE DISREGARDED.</b>  <b>REQUESTS FOR SUCH TESTS MUST GO THROUGH THE STATE MEDICAL EXAMINER'S OFFICE</b>							
Case Information (Brief Circumstances of Death) <b>Commercial crabbing vessel capsized</b>							
Submitted to Lab By (Please Print) <b>M. FRASER</b>		Submitted to Lab By (Signature) <b>M. J. Staupe</b>		Date <b>1-19-19</b>			
Submitted via <input checked="" type="checkbox"/> ME Specimen Closet <input type="checkbox"/> Other _____		LAB USE ONLY Evidence Packaging Description - Storage Location <b>One (1) HSI BHB TOX EVIDENCE LOCKER</b>					
Date / Time <b>1.17.19 0524</b>							
Lab Staff <b>[Signature]</b>							
Evidence Transfer or Referral Received From:		Via: <input type="checkbox"/> UPS		Date/Time		Lab Staff <input type="checkbox"/> Items <input type="checkbox"/> Submission	

# POSTMORTEM TOXICOLOGY WORKSHEET

Lab Case # 19M- 105 ANALYST KW DATE: 2/11/19  
 Evidence received in a heat-sealed and initialed biohazard bag? ☒ Yes ☐ No (if no, describe):

PZ  
KW

Sample(s) received and exhibit number(s):

- ( ) Cardiac or Aorta blood  
 ( ) Femoral or Subclavian blood  
1 ( 1g ) Unknown draw site (blood)  
2 ( 1r ) Urine  
3 ( 1r ) Vitreous Humor  
 ( ) Hospital  
 ( )

( x ) Labeled as: ( ) Reported from:

Porter, Joshua

NOTES: capsized commercial  
crabbing boat

## Quantitative Results (blood): (mg/L)

☒ Fails to confirm controlled substances or common pharmaceuticals

## Qualitative Results (urine):

☐ Fails to confirm controlled subs. or common pharms

No request

**Blood Volatiles Results:** Ethanol \_\_\_\_\_ g/dL Acetone \_\_\_\_\_ mg/dL Date: \_\_\_\_\_

**ELISA BLOOD** Pos/Neg controls acceptable: ☒ Yes ☐ No

Date: 2/15

- ☐ Amphetamine ☐ Barbs ☐ Opiates ☐ Cannabinoids ☐ BE/Coc ☐ Tricyclics  
☐ Methamp ☐ Benzos ☐ Oxycodone ☐ Fentanyl ☐ Methadone ☒ all NEGATIVE

**EMIT URINE** Pos/Neg controls acceptable: ☐ Yes ☐ No

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

- ☐ Amph ☐ Benzos ☐ Cocaine ☐ Opiate ☐ Zolpidem ☐ Buprenorphine  
☐ Barbs ☐ Cannabinoid ☐ Methadone ☐ Carisoprodol ☐ Oxycodone ☐ all NEGATIVE

## Extractions:

- ☒ Blood SLE QTOF 2/12 ☐ Anti+ LC/MS/MS  
☐ Urine QTOF ☐ Rx/OTC Low LC/MS/MS  
☐ Urine SPE GC/MS ☐ Rx/OTC Mid LC/MS/MS  
☐ AG Amp LC/MS/MS ☐ Rx/OTC High LC/MS/MS  
☐ AG Opiate LC/MS/MS ☐ SynOpioid LC/MS/MS  
☐ Benzo LC/MS/MS ☐ KraSyn LC/MS/MS

## Sent-out for testing:

- ☐ NMS: Electrolytes and glucose, 1919FL  
☐ NMS:  
☐ PEGenetics: metabolic screening

## Blood Co-Oximetry

UV-Vis Spec

%COHb: \_\_\_\_\_

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

Quality Control: Positive and negative controls acceptable ☒ Yes ☐ No  
 Vial position on auto-sampler verified ☒ Yes ☐ No

Pipettes: 1000µL KW B534340102  
 250 µL KW B546700017  
 100 µL KW B524037731  
 50 µL KW/JLS B543613282  
 10 µL B544650900



P3  
KW


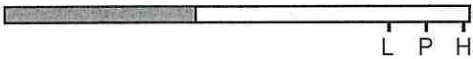

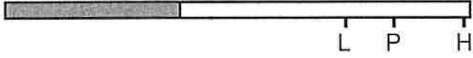

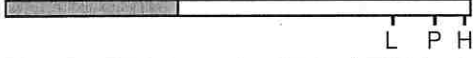

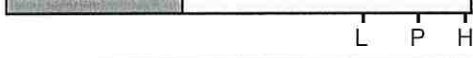



CSL

# ELISA REPORT

Oregon State Police Forensic Laboratory  
Clackamas, Oregon

Sample: 19M-105-1

Instrument: ELISATOX

Location	Assay	Result	Binding	lpc	pc	hpc
B6	AMPHETAMINE	NEG	97.069	54	29	22
			Negative			
B6	BARBITURATES	NEG	94.028	46	37	28
			Negative			
B6	BE	NEG	79.281	54	46	35
			Negative			
B12	BENZODIAZEPINES	NEG	100	61	50	34
			Negative			
B6	CANNABINOIDS	NEG	81.657	62	43	31
			Negative			
B12	FENTANYL	NEG	99.13	47	37	30
			Negative			
B12	METHADONE	NEG	69.166	76	50	41
			<b>Elevated</b>			
B12	METHAMPHETAMINE	NEG	98.537	55	42	31
			Negative			
B6	OPIATES	NEG	99.832	55	45	32
			Negative			
B12	OXYCODONE	NEG	100.06	14	10	9
			Negative			
B6	TRICYCLICS	NEG	121.15	59	44	33
			Negative			

## Analysis Date/Time

02/15/2019 - 08:51:46  
02/15/2019 - 09:00:02  
02/15/2019 - 09:08:26  
02/15/2019 - 09:41:15  
02/15/2019 - 09:49:35  
02/15/2019 - 09:53:47

## Workspace File

20190215AM.wsp  
20190215BB.wsp  
20190215OO.wsp  
20190215TF.wsp  
20190215BM.wsp  
20190215TC.wsp

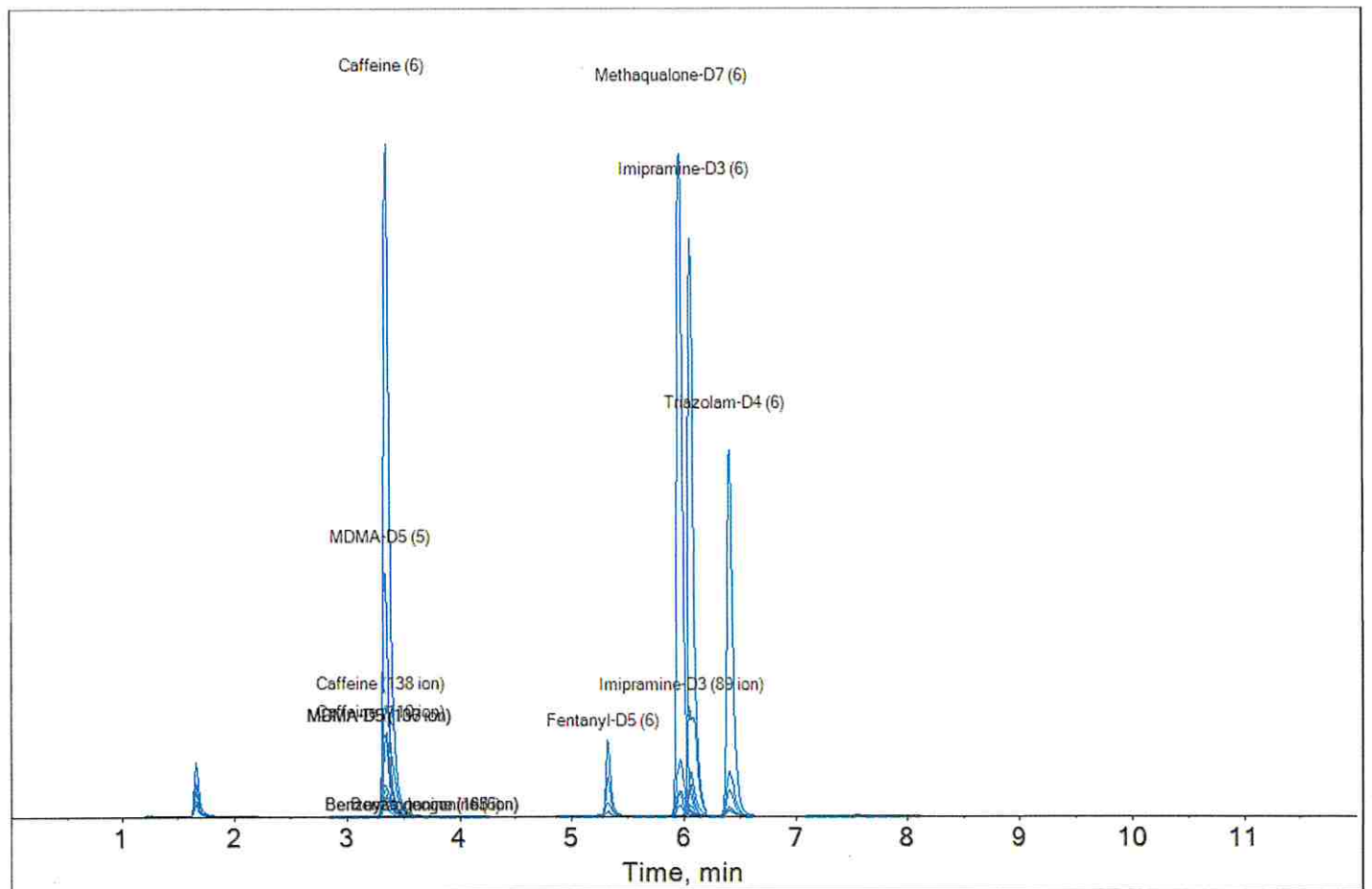
# Oregon State Police Forensic Services Division

p4  
KW

19M-105-1

Data		Acquisition	
Data File	38_19M-105-1.wiff (sample 1)	Method	POS SWATH OSP Tox Drug Screen (12Dec18).dam
Date and Time	Wednesday, February 13, 2019 (6:05:30 PM)	Instrument Serial #	BN24271504
		Operator	TripleTOF5600\BN24271504
Batch	D:\Analyst Data\Projects\Screening\Postmortem casework\Batch\021219 KW Bloods.dab		
Sample			
		Results	
		Result Table	
		Library Search	
Dilution Factor	1.0000	Library	All Libraries
Vial	101	Mass Tolerance	0.4
Injection Volume	10.00 µL	Purity Threshold	0.05
		Total Positive Counts	47

## Extracted Ion Chromatogram





# Oregon State Police Forensic Services Division

## Summary

25  
KW

### 19M-105-1

Use of Base Peak	Compound Name (Library Hit)	Score	Intensity	Threshold	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓	Benzoylcegonine (6) (Benzoylcegonine)	99%	2397	50	290.1387	0.2	3.75	0.00	99.4%
✓✓✓✓	Benzoylcegonine (168 ion) (Benzoylcegonine)	100%	1139	50	290.1387	0.0	3.75	0.01	100.0%
✓✓✓✓	Benzoylcegonine (105 ion) (Benzoylcegonine)	100%	608	50	290.1387	0.0	3.75	0.01	100.0%
✓✓✓✓	Caffeine (6) (Caffeine)	100%	2444800	50	195.0877	-0.3	3.35	0.00	100.0%
✓✓✓✓	Caffeine (69 ion) (Caffeine)	100%	78678	50	195.0877	-0.3	3.35	0.00	100.0%
✓✓✓✓	Caffeine (83 ion) (Caffeine)	100%	100066	50	195.0877	-0.3	3.35	0.00	100.0%
✓✓✓✓	Caffeine (110 ion) (Caffeine)	100%	306155	50	195.0877	-0.3	3.35	0.00	100.0%
✓✓✓✓	Caffeine (123 ion) (Caffeine)	99%	66191	50	195.0877	-0.3	3.35	0.00	100.0%
✓✓✓✓	Caffeine (138 ion) (Caffeine)	100%	400399	50	195.0877	-0.3	3.35	0.00	100.0%
✓✓✓✓	Fentanyl-D5 (6) (Fentanyl-D5)	98%	277280	50	342.2588	0.7	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (105 ion) (Fentanyl-D5)	98%	49255	50	342.2588	0.7	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (134 ion) (Fentanyl-D5)	98%	17038	50	342.2588	0.7	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (137 ion) (Fentanyl-D5)	98%	17488	50	342.2588	0.7	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (188 ion) (Fentanyl-D5)	98%	143576	50	342.2588	0.7	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (221 ion) (Fentanyl-D5)	98%	16888	50	342.2588	0.7	5.37	0.05	100.0%
✓✓✓✓	Imipramine-D3 (6) (Imipramine-D3)	99%	2098104	50	284.2201	0.3	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (89 ion) (Imipramine-D3)	99%	396015	50	284.2201	0.3	5.99	0.08	100.0%
✓✓✓✓	Imipramine-D3 (208 ion) (Imipramine-D3)	99%	115866	50	284.2201	0.3	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (61 ion) (Imipramine-D3)	99%	161998	50	284.2201	0.3	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (193 ion) (Imipramine-D3)	99%	37162	50	284.2201	0.3	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (236 ion) (Imipramine-D3)	99%	22198	50	284.2201	0.3	5.99	0.07	100.0%
✓✓✓✓	MDMA-D5 (5) (MDMA-D5)	97%	884778	50	199.1489	-1.1	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (107 ion) (MDMA-D5)	98%	293828	50	199.1489	-0.1	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (136 ion) (MDMA-D5)	99%	294750	50	199.1489	-0.1	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (165 ion) (MDMA-D5)	98%	111960	50	199.1489	-0.1	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (137 ion) (MDMA-D5)	99%	61913	50	199.1489	-0.1	3.27	0.07	100.0%
✓✓✓✓	Meclizine (4) (Meclizine)	97%	3148	50	391.1936	-1.7	7.60	0.06	99.7%
✓✓✓✓	Meclizine (165 ion) (Meclizine)	93%	523	50	391.1936	-4.1	7.60	0.06	100.0%
✓✓✓✓	Meclizine (166 ion) (Meclizine)	93%	1365	50	391.1936	-4.1	7.60	0.06	99.7%
✓✓✓✓	Meclizine (201 ion) (Meclizine)	95%	6385	50	391.1936	-3.2	7.60	0.05	99.7%
✓✓✓✓	Methaqualone-D7 (6) (Methaqualone-D7)	98%	2410378	50	258.1618	0.9	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (139 ion) (Methaqualone-D7)	98%	205622	50	258.1618	-0.7	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (216 ion) (Methaqualone-D7)	98%	87179	50	258.1618	0.9	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (120 ion) (Methaqualone-D7)	98%	39971	50	258.1618	-0.7	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (98 ion) (Methaqualone-D7)	98%	90002	50	258.1618	-0.7	5.92	0.05	100.0%
✓✓✓✓	Methaqualone-D7 (124 ion) (Methaqualone-D7)	98%	39685	50	258.1618	-0.7	5.92	0.04	100.0%
✓✓✓✓	Nicotine (5) (Nicotine)	97%	197999	50	163.1230	0.8	1.71	0.05	100.0%
✓✓✓✓	Nicotine (84 ion) (Nicotine)	97%	57784	50	163.1230	0.8	1.71	0.05	100.0%
✓✓✓✓	Nicotine (106 ion) (Nicotine)	97%	42351	50	163.1230	0.8	1.71	0.05	100.0%
✓✓✓✓	Nicotine (117 ion) (Nicotine)	97%	87928	50	163.1230	0.8	1.71	0.05	100.0%
✓✓✓✓	Nicotine (130 ion) (Nicotine)	97%	122426	50	163.1230	0.8	1.71	0.05	100.0%
✓✓✓✓	Triazolam-D4 (6) (Triazolam-D4)	98%	1326817	50	347.0763	-1.5	6.42	0.01	100.0%

# Oregon State Police Forensic Services Division

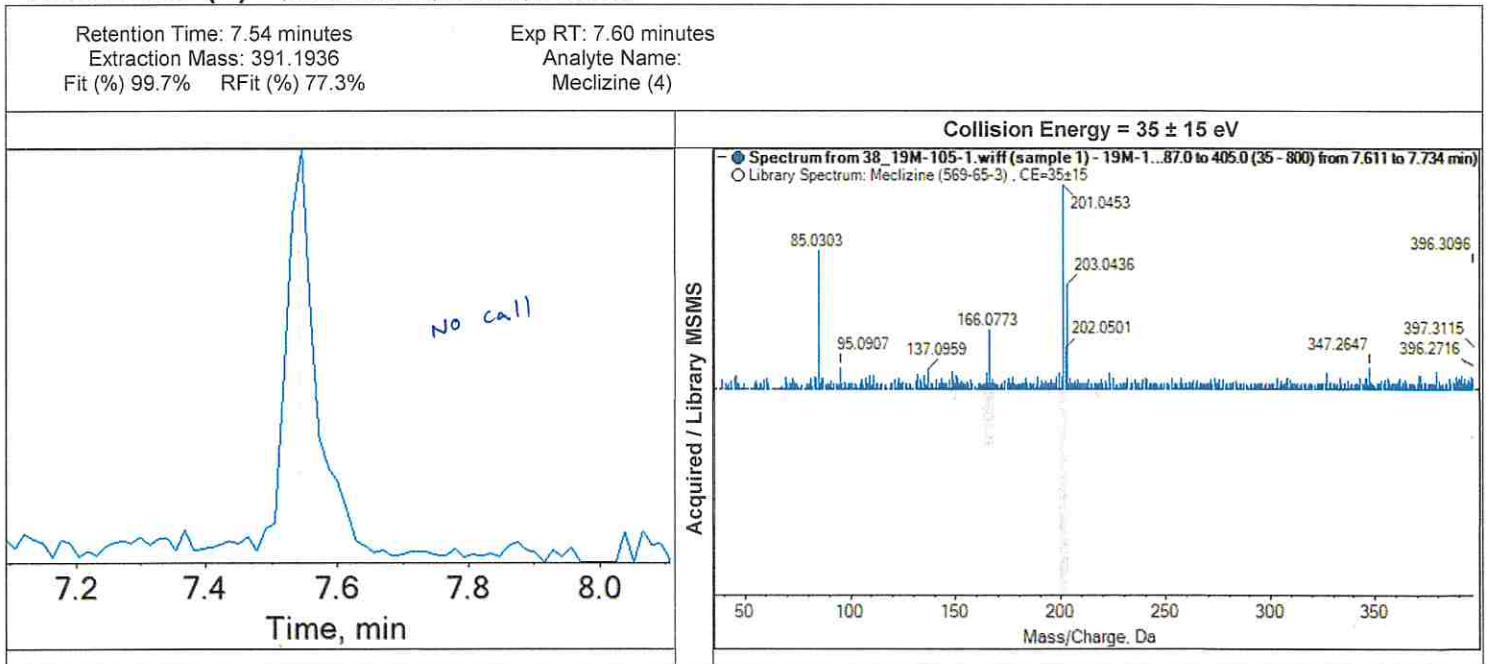
pl  
kw

19M-105-1

Score	Compound Name (Library Hit)	Score	Intensity	Threshold	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Triazolam-D4 (312 ion) (Triazolam-D4)	99%	163321	50	347.0763	-0.9	6.42	0.01	100.0%
✓✓✓✓✓	Triazolam-D4 (319 ion) (Triazolam-D4)	99%	97166	50	347.0763	-0.9	6.42	0.01	100.0%
✓✓✓✓✓	Triazolam-D4 (243 ion) (Triazolam-D4)	99%	32902	50	347.0763	-0.9	6.42	0.01	100.0%
✓✓✓✓✓	Triazolam-D4 (165 ion) (Triazolam-D4)	99%	26223	50	347.0763	-0.9	6.42	0.01	100.0%
✓✓✓✓✓	Triazolam-D4 (283 ion) (Triazolam-D4)	99%	18543	50	347.0763	-0.9	6.42	0.01	100.0%

19M-105-1

Meclizine (4) (Mass/RT/Isotope/Library/Formula) ✓✓✓✓✓



Score	Compound Name (Library Hit)	Score	Intensity	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Meclizine (4) (Meclizine)	97%	3148	391.1936	-1.7	7.60	0.06	99.7%

# INTERNAL CHAIN OF CUSTODY REPORT

LABORATORY CASE #: 19M-000105

Evidence #: 001-01

ITEM DESCRIPTION: grey-stoppered (unknown draw site) blood

	<u>PIN</u>	<u>Date/Time</u>
Relinquished By: [REDACTED]	[X]	1/16/2019 11:42:09AM
Received By: ME Transfer Locker, (STME)	[ ]	
Relinquished By: ME Transfer Locker, (STME)	[ ]	1/17/2019 5:24:07AM
Received By: [REDACTED]	[X]	
Relinquished By: [REDACTED]	[X]	1/17/2019 5:24:09AM
Received By: Tox Lab Evid Locker (SP50)	[ ]	
Relinquished By: Tox Lab Evid Locker (SP50)	[ ]	2/11/2019 6:12:59PM
Received By: [REDACTED]	[X]	
Relinquished By: [REDACTED]	[X]	2/20/2019 3:05:45PM
Received By: Tox Lab Evid Locker (SP50)	[ ]	
Relinquished By: Tox Lab Evid Locker (SP50)	[ ]	3/1/2019 8:50:33AM
Received By: [REDACTED]	[X]	
Relinquished By: [REDACTED]	[X]	3/21/2019 10:51:52AM
Received By: Tox Lab Evid Locker (SP50)	[ ]	
Relinquished By: Tox Lab Evid Locker (SP50)	[ ]	3/25/2019 9:15:32AM
Received By: Wells, Kaylon C (SP50)	[X]	
Relinquished By: Wells, Kaylon C (SP50)	[X]	3/25/2019 9:59:36AM
Received By: ME Transfer Locker, (STME)	[ ]	
Relinquished By: ME Transfer Locker, (STME)	[ ]	4/8/2019 11:23:52AM
Received By: Williams, Nichole (SME)	[X]	
Relinquished By: Williams, Nichole (SME)	[X]	4/8/2019 11:23:54AM
Received By: IB Cooler (SME)	[ ]	

NOTE: [X] indicates a secured transaction ( a PIN was entered )





# Oregon

Kate Brown, Governor

March 11, 2019

Department of State Police  
Forensic Laboratory  
13309 SE 84th Ave.  
Clackamas, OR 97015  
State Medical Examiner  
971-673-8200  
FAX 971-673-8321

Lincoln County Medical Examiner's Office  
2870 West Devils Lake Road  
Lincoln City Medical Center  
Lincoln City, OR 97367

**Attention: DR. MICHELE STAUFFENBERG**

BIERNACKI, STEPHEN (DOD: 01/09/19)

Lab No. 19M-000107

Agency Case 19-0120

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on January 16, 2019 vi [REDACTED]

**Exhibit 01** - A grey-stoppered femoral blood specimen which is labeled as BIERNACKI, STEPHEN .

Alcohol/volatiles analysis confirms:

- Ethanol 0.033 g/dL (+/- 0.002 g/dL)
- Acetone - Not Detected

This analysis was requested by Michele Stauffenberg, M.D.

Evidence will be returned at the earliest convenience.

Sheri . Roe, Forensic Scientist

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.



MOS NC  
Mar 11, 2019

# Oregon State Police Forensic Services Request

03/08/19 SL 1 of 5

## State Medical Examiner Request Form

County Medical Examiner Office <b>Lincoln</b>		<input type="checkbox"/> Restrict This Case <input type="checkbox"/> Rush Case - Reason & Date Due <input type="checkbox"/> Additional Info Only <input type="checkbox"/> Previous Specimen Submitted		Case# 19M-000107 # 001 Draw 01/09/19 Dr. MS Biernacki, Stephen Lincoln 19-0120		Sub #
State # <b>19-0120</b>		Forensic Pathologist: <input type="checkbox"/> KG <input type="checkbox"/> CN <input type="checkbox"/> LL <input type="checkbox"/> CY <input type="checkbox"/> JO <input type="checkbox"/> DD <input type="checkbox"/> Other <b>M. STAFF</b>		County <b>Lincoln</b>		
Last <b>BIERNACKI</b>		First <b>Stephen (see convo log. kw)</b>		Middle		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown		DOB <b>2 13 1968</b>		Date of Death <b>1 19 19 00:30</b>		Is this a Motor Vehicle Accident? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
Investigating County ME (Physician) <b>M. FRASER</b>		ME Investigator <b>[REDACTED]</b>				
Lab Exhibit	Specimens Note: Gray tops are for blood ONLY					
	<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vitreous Qty <b>1</b>					
	<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Vitreous Qty <b>1</b>					
<b>81</b>	<input checked="" type="checkbox"/> Gray Top Tube <input checked="" type="checkbox"/> Blood Qty <b>1</b>					
	<input type="checkbox"/> Gray Top Tube <input type="checkbox"/> Blood Qty					
	<input type="checkbox"/> Other _____ Qty					
	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous					
	<input type="checkbox"/> Other _____ Qty					
	<input type="checkbox"/> Other _____ Qty					
	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous					
	<input type="checkbox"/> Other _____ Qty					
Site of blood draw: (required) <input checked="" type="checkbox"/> Femoral <input type="checkbox"/> Subclavian <input type="checkbox"/> Cardiac (peripheral blood preferred) <input type="checkbox"/> Other _____						
Drawn by: <b>ME</b> Date Drawn <b>1 19 19</b>						
Case Information (Brief Circumstances of Death) <b>Commercial crabbing boat capsized.</b>						
Submitted to Lab By (Please Print) <b>M. FRASER</b>		Submitted to Lab By (Signature) <b>[Signature]</b>		Date <b>1-9-19</b>		
Submitted via <input checked="" type="checkbox"/> ME Specimen Closet <input type="checkbox"/> Other _____		LAB USE ONLY Evidence Packaging Description - Storage Location <b>One (1) HSI BHD TOX EVIDENCE LOCKER</b>				
Date / Time <b>1.17.19 0524</b>						
Lab Staff <b>[Signature]</b>						
Evidence Transfer or Referral Received From:		Via: <input type="checkbox"/> UPS		Date/Time		
		Lab Staff		<input type="checkbox"/> Items <input type="checkbox"/> Submission		

RUSH

Page # 2

Batch # 2090308

## POSTMORTEM BLOOD VOLATILES WORKSHEET

(Tox Requested)

Lab Case # 19 M- 107

Start Date: 07/08/19

Analyst: SR

MVA - ☐ Yes ☒ No

Exhibit # 1

# 1 Gray-stoppered vial(s): ☐ Cardiac ☒ Femoral ☐ Aorta ☐ Chest ☐ Subclavian ☐ Unknown  
☐ \_\_\_\_\_ Blood

# \_\_\_\_\_ -stoppered vial of \_\_\_\_\_ ☐ Urine ☐ Vitreous humor  
(Other type of sample)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VIAL DESCRIPTION Ex 1

Name: Biernacki, Stephen  
☐ Reported / ☒ Labeled as having been drawn

### Vial Additives:

☒ NaF only ☐ NaF/K Oxalate ☐ \_\_\_\_\_ EDTA ☐ None ☐ Undetermined/Unreadable ☐ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethanol Results (g/dL): 0.0331 / 0.0329 Ethanol concentration: 0.033 ± 0.002 g/dL

Acetone Results (mg/dL): 0.0000 / 0.0000 Acetone concentration: ND ± SE mg/dL

Ethanol not detected (if less than 0.010 g/dL) ☐ Yes (if box is checked add statement to report)

Acetone not detected (if less than 1 mg/dL) ☒ Yes (if box is checked add statement to report)

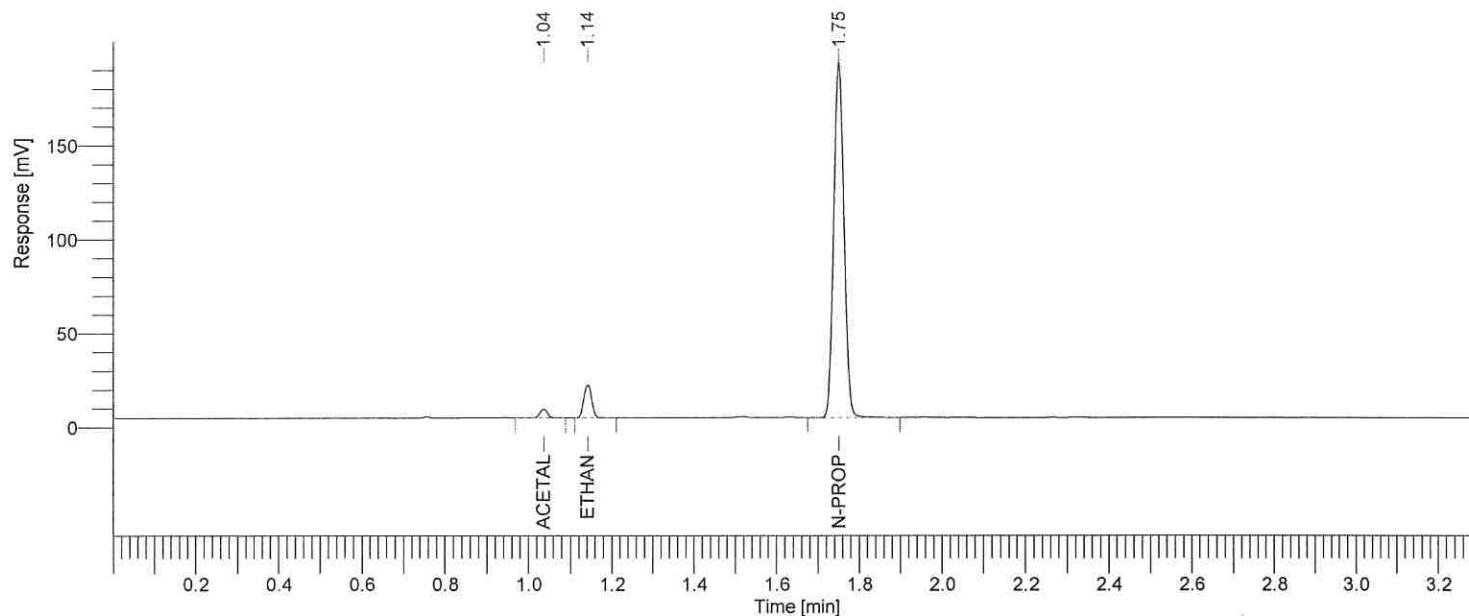
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quality Control:	Control values are within acceptable range	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Separation of volatiles acceptable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Negative control acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No

Software Version : 6.3.2.0646  
Sample Name : 19M-107-1  
Instrument Name : GC  
Rack/Vial : 0/0  
Sample Amount : 1.000000  
Cycle : 105 (87)  
STP

Date : 3/11/2019 5:47:19 AM  
Data Acquisition Time : 3/8/2019 5:32:33 PM  
Channel : A  
Operator : PDXHSGC  
Dilution Factor : 1.000000

Result File : C:\GC\Data\2019\20190308C (SR)\data087.rst  
Sequence File : C:\GC\Sequences\2019\20190308C (SR).seq



## Blood Volatiles Report

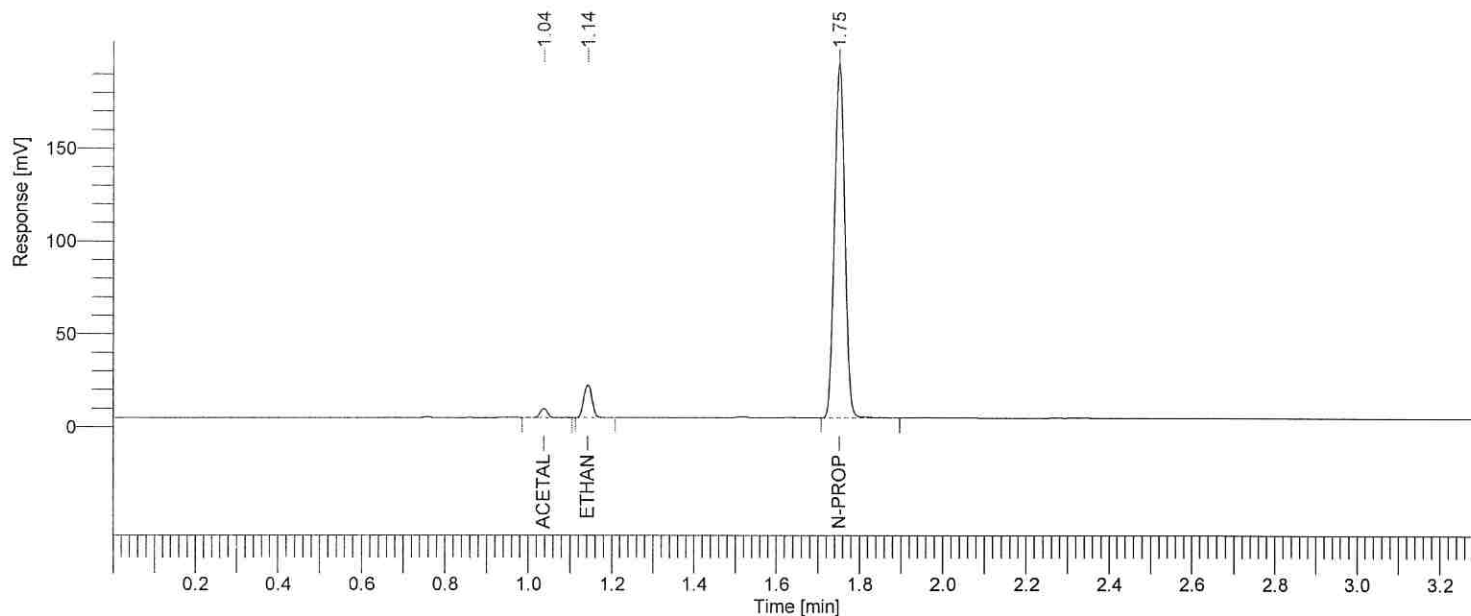
Oregon State Police - Portland Metro Forensic Laboratory

Component Name	Peak #	Ret Time (min)	Area (μV·s)	Calc. Result	Component Name
Acetaldehyde	1	1.037	5971.65	0.0000	Acetaldehyde
Ethanol (g/100mL)	2	1.142	23689.99	0.0331	Ethanol (g/100mL)
n-Propanol	3	1.751	328801.52	-----	n-Propanol

Software Version : 6.3.2.0646  
 Sample Name : 19M-107-1  
 Instrument Name : GC  
 Rack/Vial : 0/0  
 Sample Amount : 1.000000  
 Cycle : ~~121~~ (103)  
 SR

Date : 3/11/2019 5:47:26 AM  
 Data Acquisition Time : 3/8/2019 6:34:10 PM  
 Channel : A  
 Operator : PDXHSGC  
 Dilution Factor : 1.000000

Result File : C:\GC\Data\2019\20190308C (SR)\data103.rst  
 Sequence File : C:\GC\Sequences\2019\20190308C (SR).seq



## Blood Volatiles Report

Oregon State Police - Portland Metro Forensic Laboratory

Component Name	Peak #	Ret Time (min)	Area (μV·s)	Calc. Result	Component Name
Acetaldehyde	1	1.037	6141.72	0.0000	Acetaldehyde
Ethanol (g/100mL)	2	1.142	23638.98	0.0329	Ethanol (g/100mL)
n-Propanol	3	1.751	330816.63	-----	n-Propanol





# Oregon

Kate Brown, Governor

Department of State Police  
Forensic Laboratory  
13309 SE 84th Ave.  
Clackamas, OR 97015  
State Medical Examiner  
971-673-8200  
FAX 971-673-8321

February 20, 2019

Lincoln County Medical Examiner's Office  
2870 West Devils Lake Road  
Lincoln City Medical Center  
Lincoln City, OR 97367

**Attention: DR. MICHELE STAUFFENBERG**

BIERNACKI, STEPHEN (DOD: 01/09/19)

Lab No. 19M-000107

Agency Case 19-0120

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on January 16, 2019 via [REDACTED]

**Exhibit 01** - A grey-stoppered femoral blood specimen which is labeled as BIERNACKI, STEPHEN.

Toxicological examination confirms the presence of:

- Methamphetamine 0.50 mg/L ( $\pm 0.05$  mg/L)
- Amphetamine 0.17 mg/L ( $\pm 0.02$  mg/L)

Exhibit 02, a red-stoppered urine specimen, was not examined.

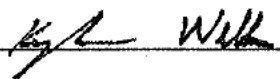
Exhibit 03, a red-stoppered vitreous humor specimen, was not examined.

Refer to other report(s) regarding this case.

This analysis was requested by Michele Stauffenberg, M.D.

Evidence will be returned at the earliest convenience.

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.

  
\_\_\_\_\_

Kaylon C. Wells, Forensic Scientist

488 NC 7/28/19

11 FEB 19 KJW

pg. 1 of 14

# Oregon State Police Forensic Services Request

## State Medical Examiner Request Form

County Medical Examiner Office <b>Lincoln</b>		<input type="checkbox"/> Restrict This Case <input type="checkbox"/> Rush Case - Reason & Date Due <input type="checkbox"/> Additional Info Only <input type="checkbox"/> Previous Specimen Submitted		Case# 19M-000107 # 001 Draw 01/09/19 Dr. MS Biernacki, <b>Stephen</b> Lincoln 19-0120		Sub #	
State # <b>19-0120</b>							
Forensic Pathologist: <input type="checkbox"/> KG <input type="checkbox"/> CN <input type="checkbox"/> LL <input type="checkbox"/> CY <input type="checkbox"/> JO <input type="checkbox"/> DD <input type="checkbox"/> Other <b>M. STAUFF</b>				County <b>LINCOLN</b>			
Last <b>BIERNACKI</b>		First <b>Stephen (see convo log. kw)</b>		Middle			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown		DOB <b>2/13/68</b>		Date of Death <b>1/9/19 00:30</b>		Is this a Motor Vehicle Accident? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> <b>COMMERCIAL BOAT</b>	
Investigating County ME (Physician) <b>M. FRASER</b>		ME Investigator					
Lab Exhibit		Specimens Note: Gray tops are for blood ONLY					
2		<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Vitreous		Qty		1	
3		<input checked="" type="checkbox"/> Red Top Tube <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Vitreous		Qty		1	
1		<input checked="" type="checkbox"/> Gray Top Tube <input checked="" type="checkbox"/> Blood		Qty		1	
		<input type="checkbox"/> Gray Top Tube <input type="checkbox"/> Blood		Qty			
		<input type="checkbox"/> Other _____ <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other _____		Qty			
		<input type="checkbox"/> Other _____ <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Other _____		Qty			
		Site of blood draw: (required) <input checked="" type="checkbox"/> Femoral <input type="checkbox"/> Subclavian <input type="checkbox"/> Cardiac (peripheral blood preferred) <input type="checkbox"/> Other _____					
		Drawn by: <b>ME</b>		Date Drawn <b>1/9/19</b>			
<div style="border: 1px solid black; padding: 5px;"> <p><b>MVA: Screen for drugs</b></p> <p>Blood Alcohol</p> <p><input checked="" type="checkbox"/> ME Blood Alcohol</p> <p><b>CO</b></p> <p><input type="checkbox"/> ME Carbon Monoxide</p> <p><b>DRUG SCREENS REQUESTED ON THIS FORM WILL BE DISREGARDED.</b></p> <p><b>REQUESTS FOR SUCH TESTS MUST GO THROUGH THE STATE MEDICAL EXAMINER'S OFFICE</b></p> </div>							
Case Information (Brief Circumstances of Death)							
<b>Commercial crabbing boat capsized.</b>							
Submitted to Lab By (Please Print) <b>M. FRASER</b>		Submitted to Lab By (Signature) <b>M. Fraser</b>		NEW 1/16/19		Date <b>1-9-19</b>	
Submitted via <input checked="" type="checkbox"/> ME Specimen Closet <input type="checkbox"/> Other _____		LAB USE ONLY Evidence Packaging Description - Storage Location					
Date / Time <b>1.17.19 0524</b>		<b>One (1) HSI BHB TOX EVIDENCE LOCKER</b>					
Lab Staff <b>[Signature]</b>							
Evidence Transfer or Referral Received From:		Via: <input type="checkbox"/> UPS		Date/Time		Lab Staff	
						<input type="checkbox"/> Items <input type="checkbox"/> Submission	

# POSTMORTEM TOXICOLOGY WORKSHEET

Lab Case # 19M- 107 ANALYST KW DATE: 2/11/19  
 Evidence received in a heat-sealed and initialed biohazard bag? ☒ Yes ☐ No (if no, describe):

p2  
KW

Sample(s) received and exhibit number(s):

- ( ) Cardiac or Aorta blood  
1 ( 19 ) Femoral or Subclavian blood  
 ( ) Unknown draw site (blood)  
2 ( 1r ) Urine  
3 ( 1r ) Vitreous Humor  
 ( ) Hospital  
 ( )

( x ) Labeled as: ( ) Reported from:

Biernacki, Stephen

NOTES: capsized commercial  
crabbing boat

## Quantitative Results (blood): (mg/L)

☐ Fails to confirm controlled substances or common pharmaceuticals

Methamphetamine 0.50

Amphetamine 0.17

## Qualitative Results (urine):

☐ Fails to confirm controlled subs. or common pharms

No request

**Blood Volatiles Results:** Ethanol \_\_\_\_\_ g/dL Acetone \_\_\_\_\_ mg/dL Date: \_\_\_\_\_

**ELISA BLOOD** Pos/Neg controls acceptable: ☒ Yes ☐ No

Date: 2/15

- ☒ Amphetamine ☐ Barbs ☐ Opiates ☒ Cannabinoids ☐ BE/Coc ☐ Tricyclics  
☒ Methamp ☐ Benzos ☐ Oxycodone ☐ Fentanyl ☐ Methadone ☐ all NEGATIVE

**EMIT URINE** Pos/Neg controls acceptable: ☐ Yes ☐ No

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

- ☐ Amph ☐ Benzos ☐ Cocaine ☐ Opiate ☐ Zolpidem ☐ Buprenorphine  
☐ Barbs ☐ Cannabinoid ☐ Methadone ☐ Carisoprodol ☐ Oxycodone ☐ all NEGATIVE

## Extractions:

- ☒ Blood SLE QTOF 2/12 ☐ Anti+ LC/MS/MS \_\_\_\_\_  
☐ Urine QTOF \_\_\_\_\_ ☐ Rx/OTC Low LC/MS/MS \_\_\_\_\_  
☐ Urine SPE GC/MS \_\_\_\_\_ ☐ Rx/OTC Mid LC/MS/MS \_\_\_\_\_  
☒ AG Amp LC/MS/MS 2/18 (1:2) ☐ Rx/OTC High LC/MS/MS \_\_\_\_\_  
☐ AG Opiate LC/MS/MS \_\_\_\_\_ ☐ SynOpioid LC/MS/MS \_\_\_\_\_  
☐ Benzo LC/MS/MS \_\_\_\_\_ ☐ KraSyn LC/MS/MS \_\_\_\_\_

## Sent-out for testing:

- ☐ NMS: Electrolytes and glucose, 1919FL  
☐ NMS:  
☐ PEGenetics: metabolic screening

## Blood Co-Oximetry

UV-Vis Spec

%COHb: \_\_\_\_\_

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

Quality Control: Positive and negative controls acceptable ☒ Yes ☐ No  
 Vial position on auto-sampler verified ☒ Yes ☐ No

Pipettes: 1000µL KW B534340102  
 250 µL KW B546700017  
 100 µL KW B524037731  
 50 µL KW/JLS B543613282  
 10 µL B544650900



P3  
KW


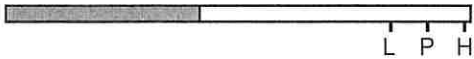
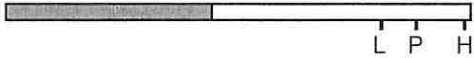
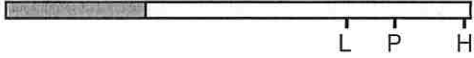

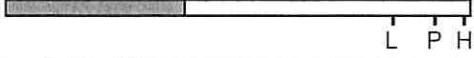

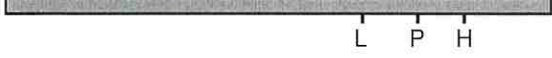



all

# ELISA REPORT

Oregon State Police Forensic Laboratory  
Clackamas, Oregon

Sample: 19M-107-1

Instrument: ELISATOX

Location	Assay	Result	Binding	lpc	pc	hpc
D6	AMPHETAMINE	POS	12.33	54	29	22
		<b>Positive</b>				
D6	BARBITURATES	NEG	93.192	46	37	28
		Negative				
D6	BE	NEG	93.444	54	46	35
		Negative				
D12	BENZODIAZEPINES	NEG	107.93	61	50	34
		Negative				
D6	CANNABINOIDS	NEG	55.523	62	43	31
		<b>Elevated</b>				
D12	FENTANYL	NEG	97.43	47	37	30
		Negative				
D12	METHADONE	NEG	72.122	76	50	41
		<b>Elevated</b>				
D12	METHAMPHETAMINE	POS	11.992	55	42	31
		<b>Positive</b>				
D6	OPIATES	NEG	87.384	55	45	32
		Negative				
D12	OXYCODONE	NEG	100.21	14	10	9
		Negative				
D6	TRICYCLICS	NEG	123.38	59	44	33
		Negative				

## Analysis Date/Time

02/15/2019 - 08:51:46  
02/15/2019 - 09:00:02  
02/15/2019 - 09:08:26  
02/15/2019 - 09:41:15  
02/15/2019 - 09:49:35  
02/15/2019 - 09:53:47

## Workspace File

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20190215BB.wsp  
20190215OO.wsp  
20190215TF.wsp  
20190215BM.wsp  
20190215TC.wsp



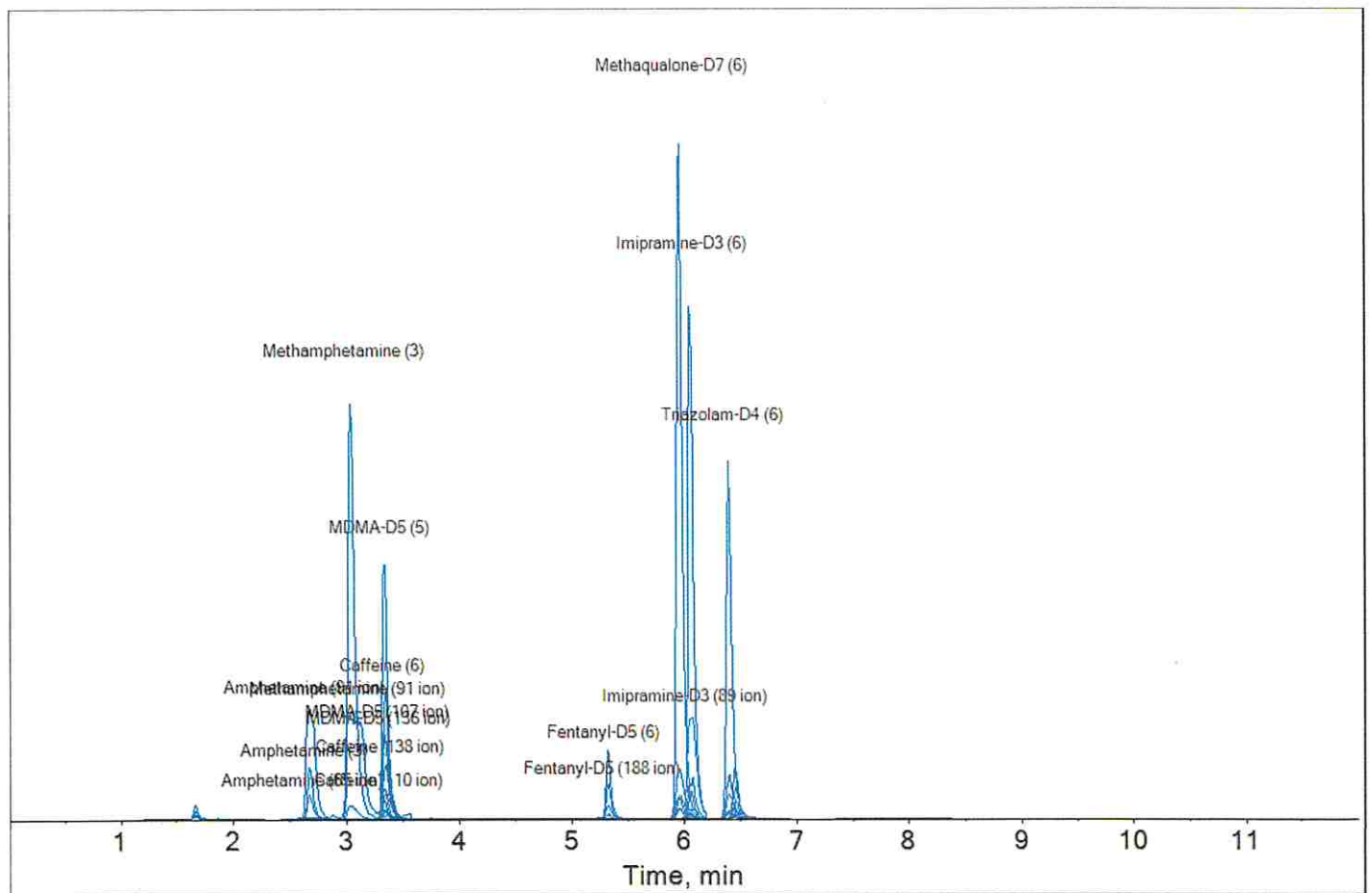
# Oregon State Police Forensic Services Division

p4  
fw

19M-107-1

Data		Acquisition	
Data File	40_19M-107-1.wiff (sample 1)	Method	POS SWATH OSP Tox Drug Screen (12Dec18).dam
Date and Time	Wednesday, February 13, 2019 (6:36:11 PM)	Instrument Serial #	BN24271504
		Operator	TripleTOF5600\BN24271504
Batch	D:\Analyst Data\Projects\Screening\Postmortem casework\Batch\021219 KW Bloods.dab		
Sample			
		Result Table	
		Library Search	
Dilution Factor	1.0000	Library	All Libraries
Vial	103	Mass Tolerance	0.4
Injection Volume	10.00 µL	Purity Threshold	0.05
		Total Positive Counts	62

## Extracted Ion Chromatogram



# Oregon State Police Forensic Services Division

## Summary

15  
KW

19M-107-1

Score RT Library Library Library	Compound Name (Library Hit)	Score	Intensity	Threshold	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓	Amphetamine (3) (Amphetamine)	98%	200903	50	136.1121	-0.5	2.63	0.05	100.0%
✓✓✓✓	Amphetamine (91 ion) (Amphetamine)	98%	429930	50	136.1121	-0.5	2.63	0.05	100.0%
✓✓✓✓	Amphetamine (65 ion) (Amphetamine)	98%	97818	50	136.1121	0.9	2.63	0.04	100.0%
✓✓✓✓	Benzoylcegonine (6) (Benzoylcegonine)	98%	2888	50	290.1387	0.6	3.75	0.00	99.2%
✓✓✓✓	Benzoylcegonine (168 ion) (Benzoylcegonine)	99%	1498	50	290.1387	0.6	3.75	0.01	100.0%
✓✓✓✓	Benzoylcegonine (105 ion) (Benzoylcegonine)	99%	569	50	290.1387	0.6	3.75	0.02	100.0%
✓✓✓✓	Caffeine (6) (Caffeine)	100%	505900	50	195.0877	0.2	3.35	0.00	100.0%
✓✓✓✓	Caffeine (69 ion) (Caffeine)	99%	28839	50	195.0877	0.3	3.35	0.00	100.0%
✓✓✓✓	Caffeine (83 ion) (Caffeine)	99%	38186	50	195.0877	0.3	3.35	0.00	100.0%
✓✓✓✓	Caffeine (110 ion) (Caffeine)	100%	98452	50	195.0877	0.2	3.35	0.00	100.0%
✓✓✓✓	Caffeine (123 ion) (Caffeine)	100%	29739	50	195.0877	0.2	3.35	0.00	100.0%
✓✓✓✓	Caffeine (138 ion) (Caffeine)	100%	214922	50	195.0877	0.2	3.35	0.00	100.0%
✓✓✓✓	Cathine (134 ion) (Cathine)	87%	1206	50	152.1070	2.6	2.06	0.14	93.4%
✓✓✓✓	Cocaine (182 ion) (Cocaine)	98%	535	50	304.1543	0.6	4.53	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (6) (Fentanyl-D5)	98%	268847	50	342.2588	0.9	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (105 ion) (Fentanyl-D5)	98%	50188	50	342.2588	0.9	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (134 ion) (Fentanyl-D5)	98%	18631	50	342.2588	0.9	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (137 ion) (Fentanyl-D5)	98%	17968	50	342.2588	0.9	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (188 ion) (Fentanyl-D5)	98%	138911	50	342.2588	0.9	5.37	0.05	100.0%
✓✓✓✓	Fentanyl-D5 (221 ion) (Fentanyl-D5)	98%	16455	50	342.2588	0.9	5.37	0.05	100.0%
✓✓✓✓	Haloperidol (165 ion) (Haloperidol)	92%	222	50	376.1474	4.7	5.71	0.10	100.0%
✓✓✓✓	Imipramine-D3 (6) (Imipramine-D3)	98%	2004653	50	284.2201	1.0	5.99	0.06	100.0%
✓✓✓✓	Imipramine-D3 (89 ion) (Imipramine-D3)	98%	395246	50	284.2201	1.0	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (208 ion) (Imipramine-D3)	98%	109665	50	284.2201	1.0	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (61 ion) (Imipramine-D3)	98%	165079	50	284.2201	1.0	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (193 ion) (Imipramine-D3)	98%	37484	50	284.2201	1.0	5.99	0.07	100.0%
✓✓✓✓	Imipramine-D3 (236 ion) (Imipramine-D3)	98%	21611	50	284.2201	1.0	5.99	0.07	100.0%
✓✓✓✓	MDMA (135 ion) (MDMA)	89%	917	50	194.1176	1.3	3.39	0.04	89.2%
✓✓✓✓	MDMA (163 ion) (MDMA)	89%	1199	50	194.1176	1.3	3.39	0.03	89.2%
✓✓✓✓	MDMA-D5 (5) (MDMA-D5)	97%	995019	50	199.1489	1.0	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (107 ion) (MDMA-D5)	97%	340326	50	199.1489	1.0	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (136 ion) (MDMA-D5)	97%	319991	50	199.1489	1.0	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (165 ion) (MDMA-D5)	97%	117448	50	199.1489	1.0	3.27	0.07	100.0%
✓✓✓✓	MDMA-D5 (137 ion) (MDMA-D5)	97%	71425	50	199.1489	1.0	3.27	0.07	100.0%
✓✓✓✓	Methamphetamine (3) (Methamphetamine)	98%	1623358	50	150.1277	0.7	3.07	0.03	100.0%
✓✓✓✓	Methamphetamine (91 ion) (Methamphetamine)	99%	422792	50	150.1277	-1.0	3.07	0.00	100.0%
✓✓✓✓	Methamphetamine (119 ion) (Methamphetamine)	98%	51353	50	150.1277	0.7	3.07	0.02	100.0%
✓✓✓✓	Methaqualone-D7 (6) (Methaqualone-D7)	99%	2640314	50	258.1618	-0.4	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (139 ion) (Methaqualone-D7)	99%	192117	50	258.1618	-0.4	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (216 ion) (Methaqualone-D7)	99%	83533	50	258.1618	-0.4	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (120 ion) (Methaqualone-D7)	99%	40076	50	258.1618	-0.4	5.92	0.04	100.0%
✓✓✓✓	Methaqualone-D7 (98 ion) (Methaqualone-D7)	99%	91676	50	258.1618	-0.4	5.92	0.04	100.0%



# Oregon State Police Forensic Services Division

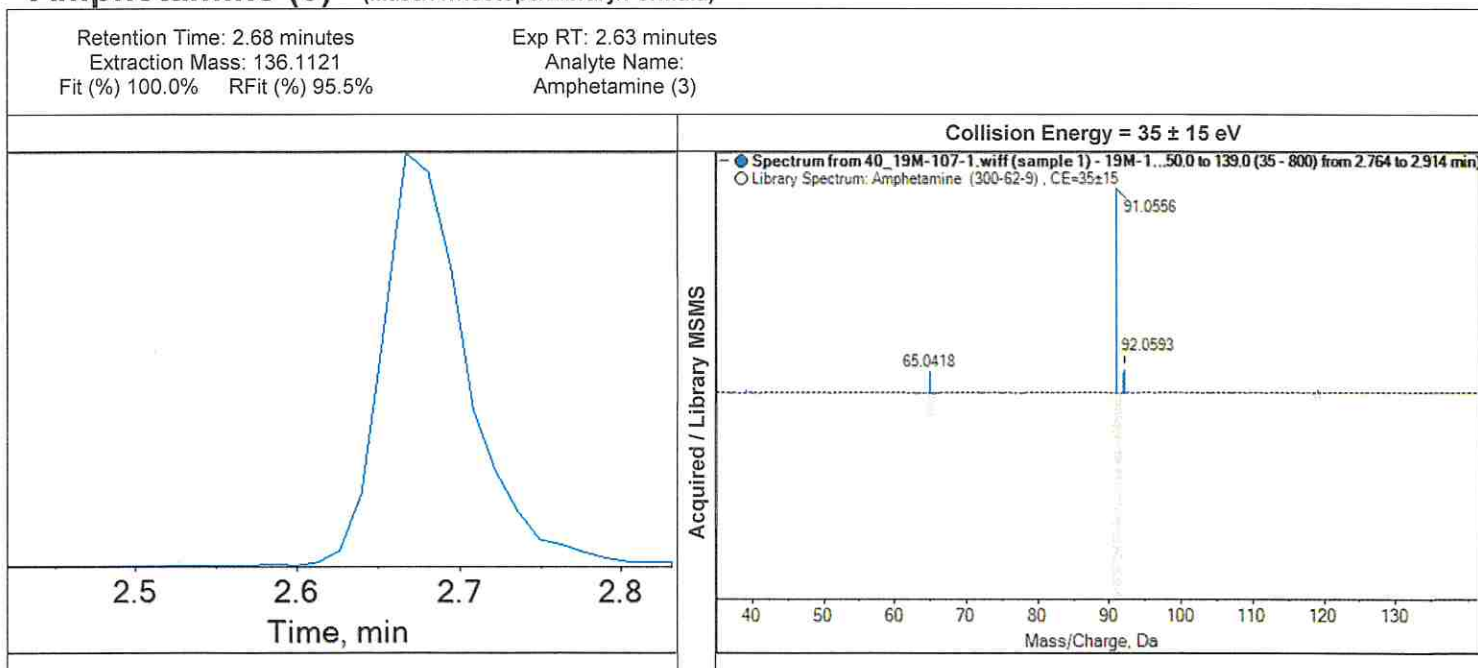
p6  
kw

19M-107-1

Mass RT Isotope Library Formula	Compound Name (Library Hit)	Score	Intensity	Threshold	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Methaqualone-D7 (124 ion) (Methaqualone-D7)	99%	38635	50	258.1618	-0.4	5.92	0.04	100.0%
✓✓✓✓✓	Naproxen (6) (Naproxen)	97%	210271	50	231.1016	-1.8	6.43	0.03	100.0%
✓✓✓✓✓	Naproxen (115 ion) (Naproxen)	97%	10063	50	231.1016	-1.7	6.43	0.03	100.0%
✓✓✓✓✓	Naproxen (153 ion) (Naproxen)	97%	33863	50	231.1016	-1.8	6.43	0.03	100.0%
✓✓✓✓✓	Naproxen (158 ion) (Naproxen)	97%	13109	50	231.1016	-1.8	6.43	0.03	100.0%
✓✓✓✓✓	Naproxen (170 ion) (Naproxen)	97%	67078	50	231.1016	-1.7	6.43	0.03	100.0%
✓✓✓✓✓	Naproxen (185 ion) (Naproxen)	99%	119045	50	231.1016	-0.7	6.43	0.03	100.0%
✓✓✓✓✓	Nicotine (5) (Nicotine)	96%	54723	50	163.1230	-0.4	1.71	0.05	97.4%
✓✓✓✓✓	Nicotine (84 ion) (Nicotine)	96%	16567	50	163.1230	-0.4	1.71	0.05	97.4%
✓✓✓✓✓	Nicotine (106 ion) (Nicotine)	96%	10524	50	163.1230	-0.4	1.71	0.05	97.5%
✓✓✓✓✓	Nicotine (117 ion) (Nicotine)	96%	28109	50	163.1230	-0.4	1.71	0.05	97.4%
✓✓✓✓✓	Nicotine (130 ion) (Nicotine)	96%	31558	50	163.1230	-0.4	1.71	0.05	97.4%
✓✓✓✓✓	Oxymetholone (99 ion) (Oxymetholone)	92%	337	50	333.2424	-2.8	7.86	0.04	94.8%
✓✓✓✓✓	Phenylpropanolamine (134 ion) (Phenylpropanolamine)	87%	1206	50	152.1070	2.6	1.90	0.02	88.2%
✓✓▲✓✓	Triazolam-D4 (6) (Triazolam-D4)	99%	1396434	50	347.0763	0.8	6.42	0.02	100.0%
✓✓▲✓✓	Triazolam-D4 (312 ion) (Triazolam-D4)	99%	171408	50	347.0763	0.8	6.42	0.02	100.0%
✓✓▲✓✓	Triazolam-D4 (319 ion) (Triazolam-D4)	99%	93958	50	347.0763	0.8	6.42	0.01	100.0%
✓✓▲✓✓	Triazolam-D4 (243 ion) (Triazolam-D4)	99%	34480	50	347.0763	0.8	6.42	0.02	100.0%
✓✓▲✓✓	Triazolam-D4 (165 ion) (Triazolam-D4)	99%	26660	50	347.0763	0.8	6.42	0.02	100.0%
✓✓▲✓✓	Triazolam-D4 (283 ion) (Triazolam-D4)	99%	20295	50	347.0763	0.8	6.42	0.02	100.0%

19M-107-1

Amphetamine (3) (Mass/RT/Isotope/Library/Formula) ✓✓✓✓✓



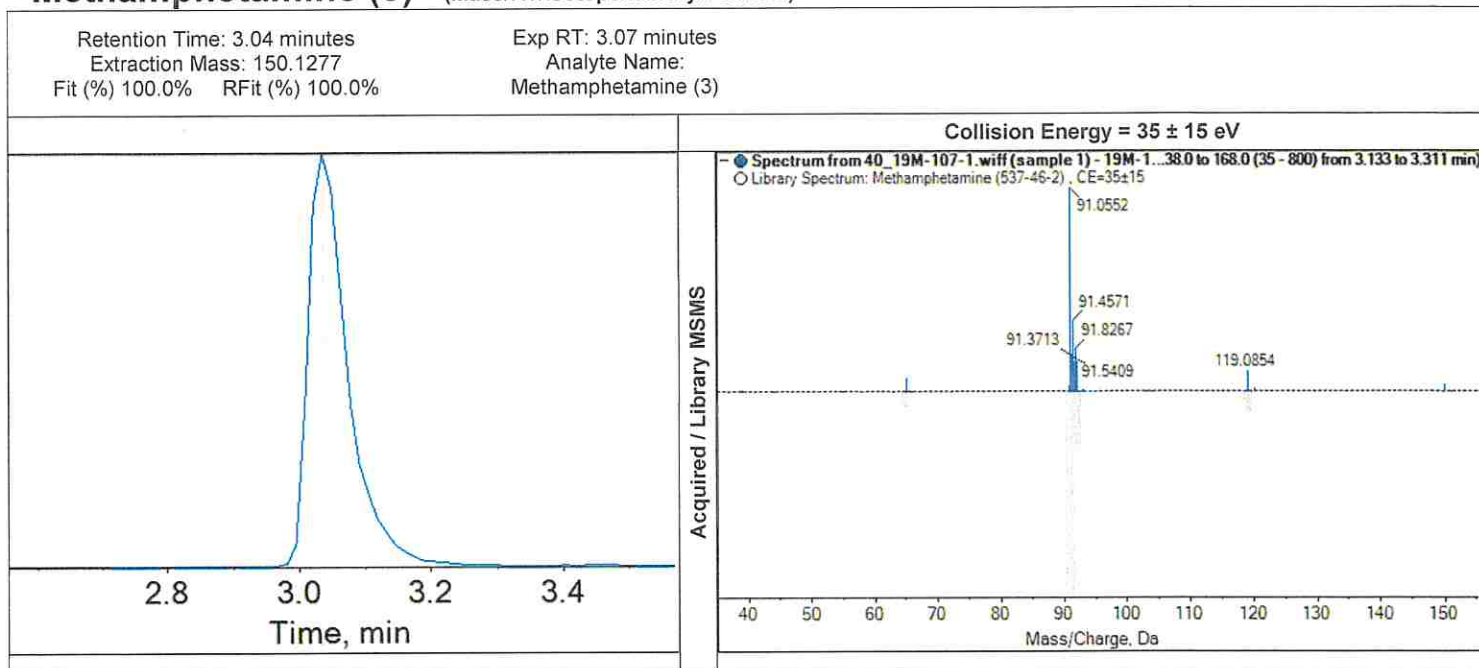
Mass RT Isotope Library Formula	Compound Name (Library Hit)	Score	Intensity	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓✓	Amphetamine (3) (Amphetamine)	98%	200903	136.1121	-0.5	2.63	0.05	100.0%

# Oregon State Police Forensic Services Division

19M-107-1

Methamphetamine (3) (Mass/RT/Isotope/Library/Formula) ✓✓✓✓●

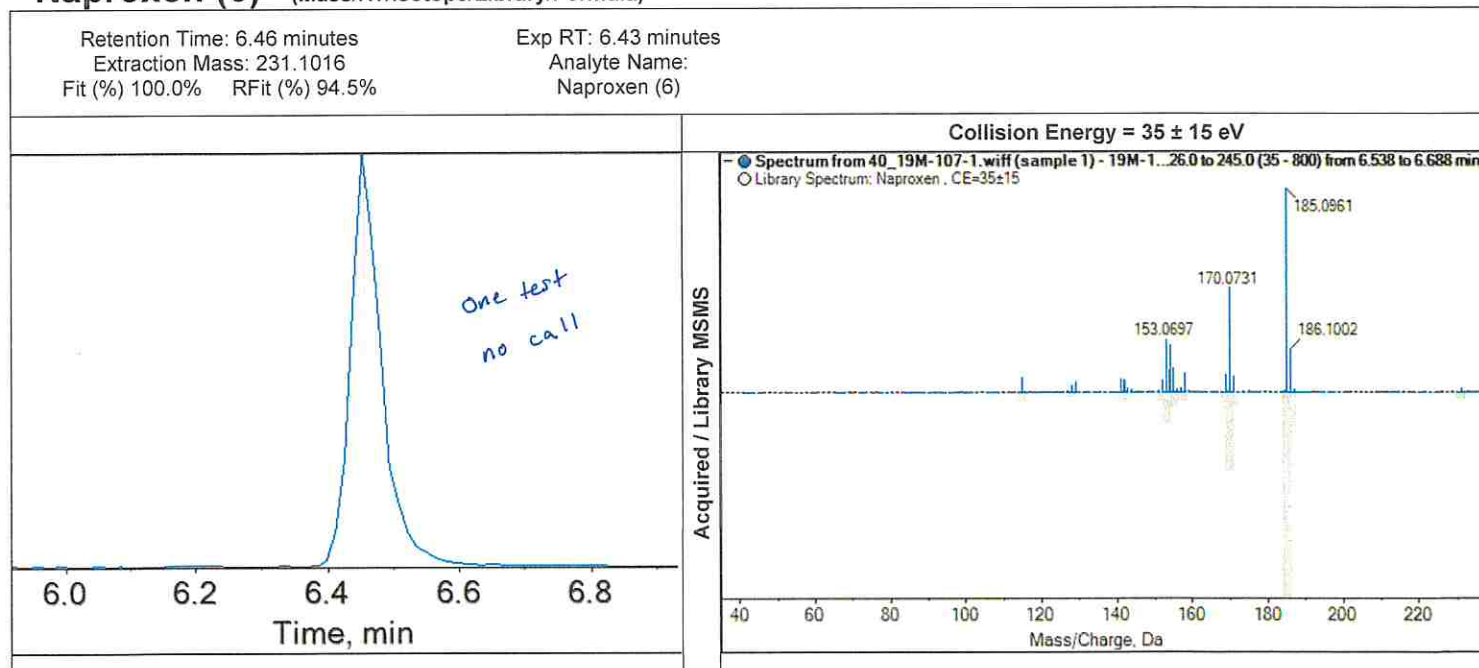
P7  
KW



Library Hit	Compound Name (Library Hit)	Score	Intensity	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓●	Methamphetamine (3) (Methamphetamine)	98%	1623358	150.1277	0.7	3.07	0.03	100.0%

19M-107-1

Naproxen (6) (Mass/RT/Isotope/Library/Formula) ✓✓✓✓●



Library Hit	Compound Name (Library Hit)	Score	Intensity	Expected m/z	Error (ppm)	Expected RT (min)	RT Delta (min)	Library Score (%)
✓✓✓✓●	Naproxen (6) (Naproxen)	97%	210271	231.1016	-1.8	6.43	0.03	100.0%



Oregon State Police Portland Forensic Laboratory  
LC/MS/MS - 3200 QTRAP

Lab Number : 19M-107-1 125uL  
Acq Method : AG Amp\_acquisition method\_020215.dam  
Seq. File : KW wiff\Amp 021819 KW.wiff  
Dil. Factor (A,B) : 2, 2

Acq. Date (A): 2/18/2019 5:12:41 PM  
Acq. Date (B): 2/18/2019 5:18:25 PM

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## Control and Calibration Data

<b>Amphetamine</b> 170 ng/mL OK			Level	Tx1(A)	Tx2(A)	Tx1(B)	Tx2(B)
			NEG	No Peak	No Peak		
			20	90%	96%	85%	90%
Tx1(A)	Tx1(B)	Avg Tx1(±20%)	300	104%	100%	96%	94%
181	170	175.50 (140.40 - 210.60) OK	750	91%	90%	91%	88%
Tx2(A)	Tx2(B)	Avg Tx2(±20%)		R <sup>2</sup> (Tx1)	R <sup>2</sup> (Tx2)	Cal Range	
168	159	163.50 (130.80 - 196.20) OK	Cal Curve	0.9981	0.9992	20 - 2000	
Avg (A)	Avg (B)	Combined Avg (±20%)	UofM	0.17 mg/L	(± 0.02)	U=0.11	
174.50	164.50	169.50 (135.60 - 203.40)					

<b>Methamphetamine</b> 500 ng/mL OK			Level	Tx1(A)	Tx2(A)	Tx1(B)	Tx2(B)
			NEG	No Peak	No Peak		
			20	100%	100%	97%	93%
Tx1(A)	Tx1(B)	Avg Tx1(±20%)	300	98%	95%	102%	101%
539	477	508.00 (406.40 - 609.60) OK	750	95%	96%	97%	97%
Tx2(A)	Tx2(B)	Avg Tx2(±20%)		R <sup>2</sup> (Tx1)	R <sup>2</sup> (Tx2)	Cal Range	
529	467	498.00 (398.40 - 597.60) OK	Cal Curve	0.9990	0.9995	20 - 2000	
Avg (A)	Avg (B)	Combined Avg (±20%)	UofM	0.50 mg/L	(± 0.05)	U=0.092	
534.00	472.00	503.00 (402.40 - 603.60)					

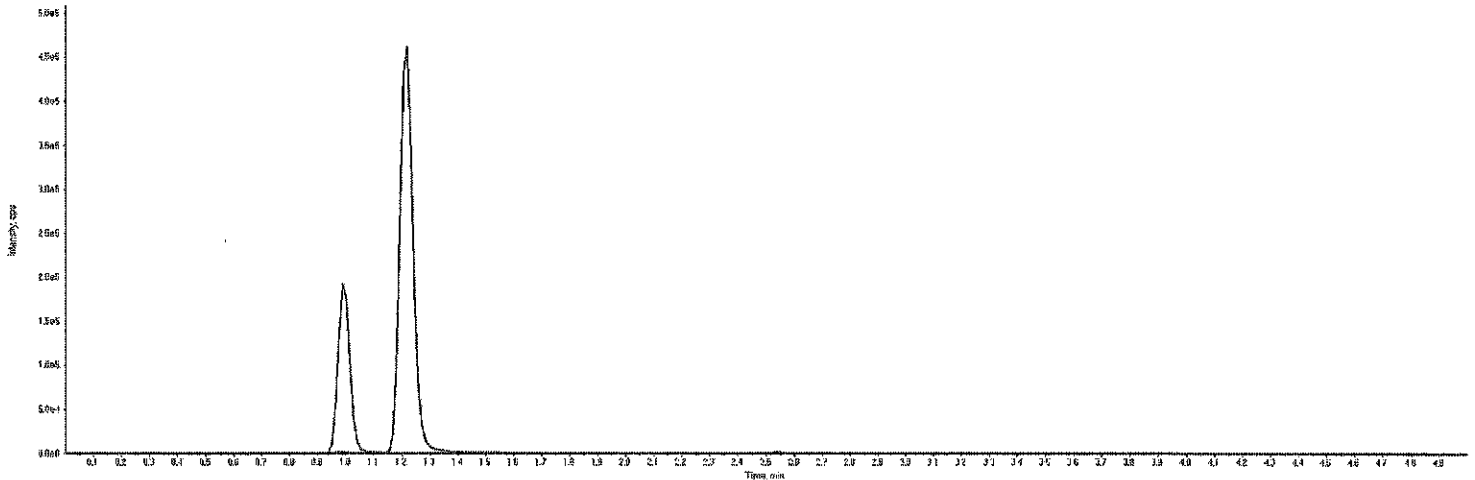
Uncertainty table version: 20181206

Reporter version: 1.0.4

P 9  
KW

Project	AG Amp	Data File	KW wiff\Amp 021819 KW.wiff
Result Table	Amp 021819 KW.rdb	Result Table Date	2/18/2019 2:46:01 PM
Sample Name	19M-107-1 A 125uL	Injection Volume	3
Injection Date	2/18/2019 5:12:41 PM	Injection Vial	37
Operator	3200.00	Sample Type	Unknown
Instrument Name	3200 Q TRAP	Dilution Factor	2.00
Acquisition Method	AG Amp_acquisition method_020215.dam	Batch File	V:\Analyst Data\Projects\AG Amp\Batch\Amp 021819 KW.dab

## Extracted Ion Chromatogram Overlay

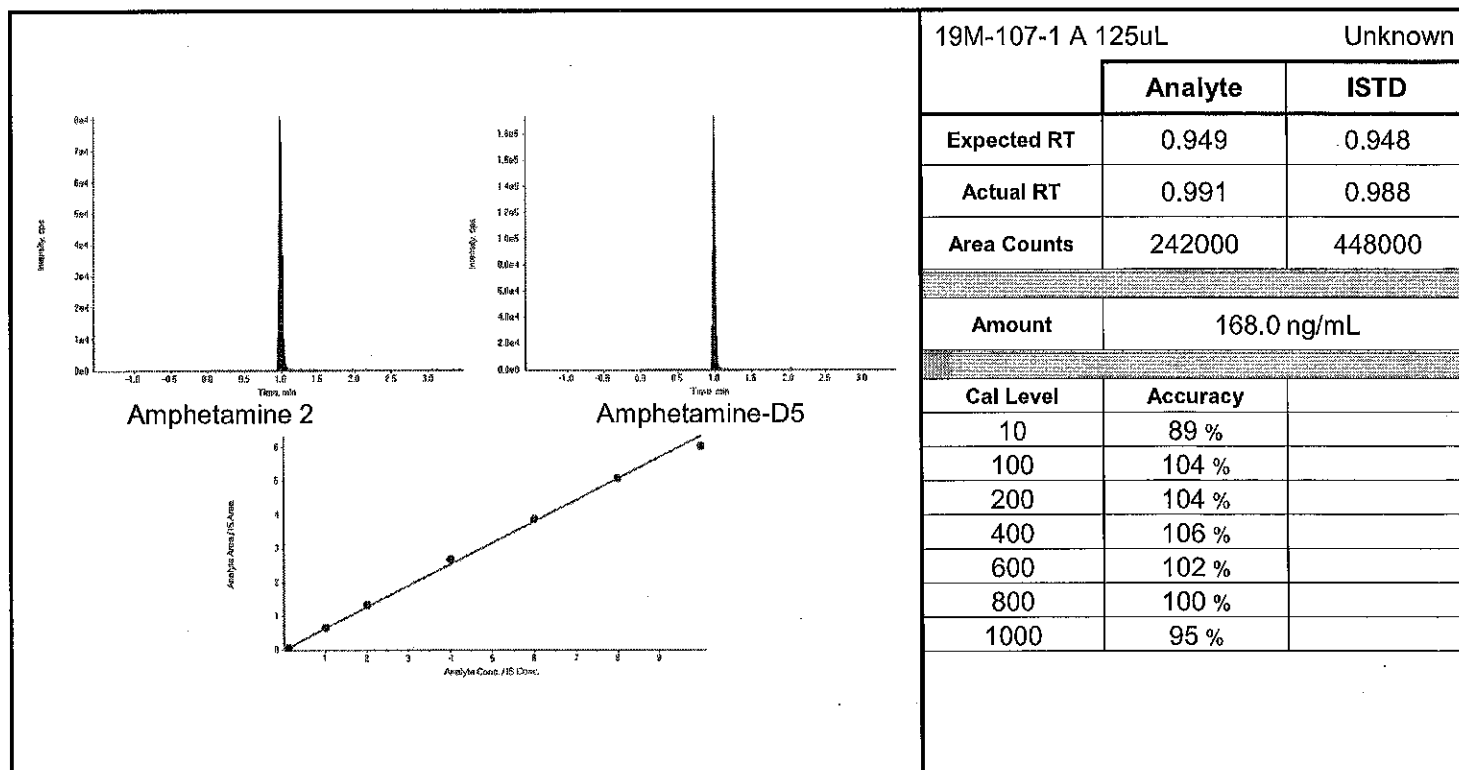
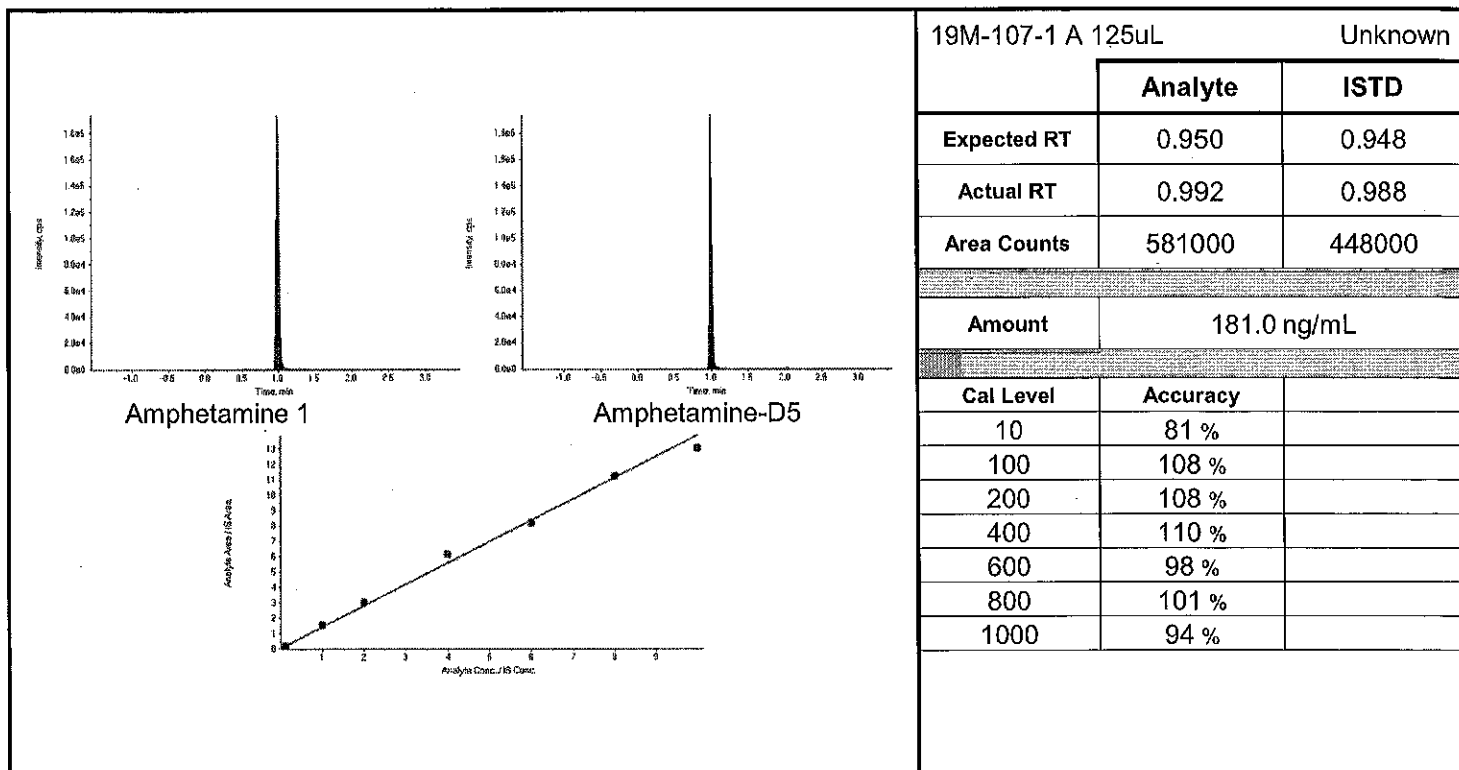


### Results Summary for Sample: 19M-107-1 A 125uL

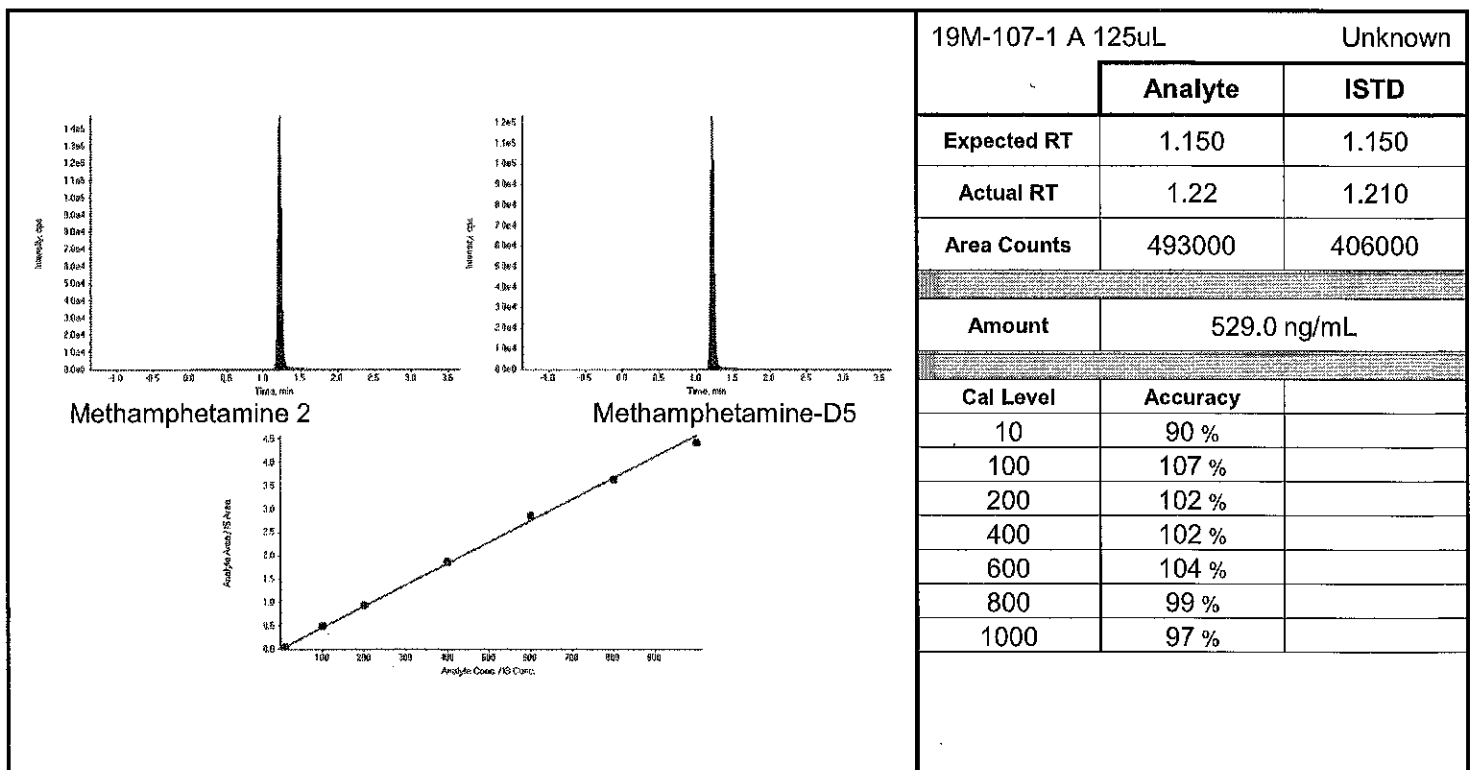
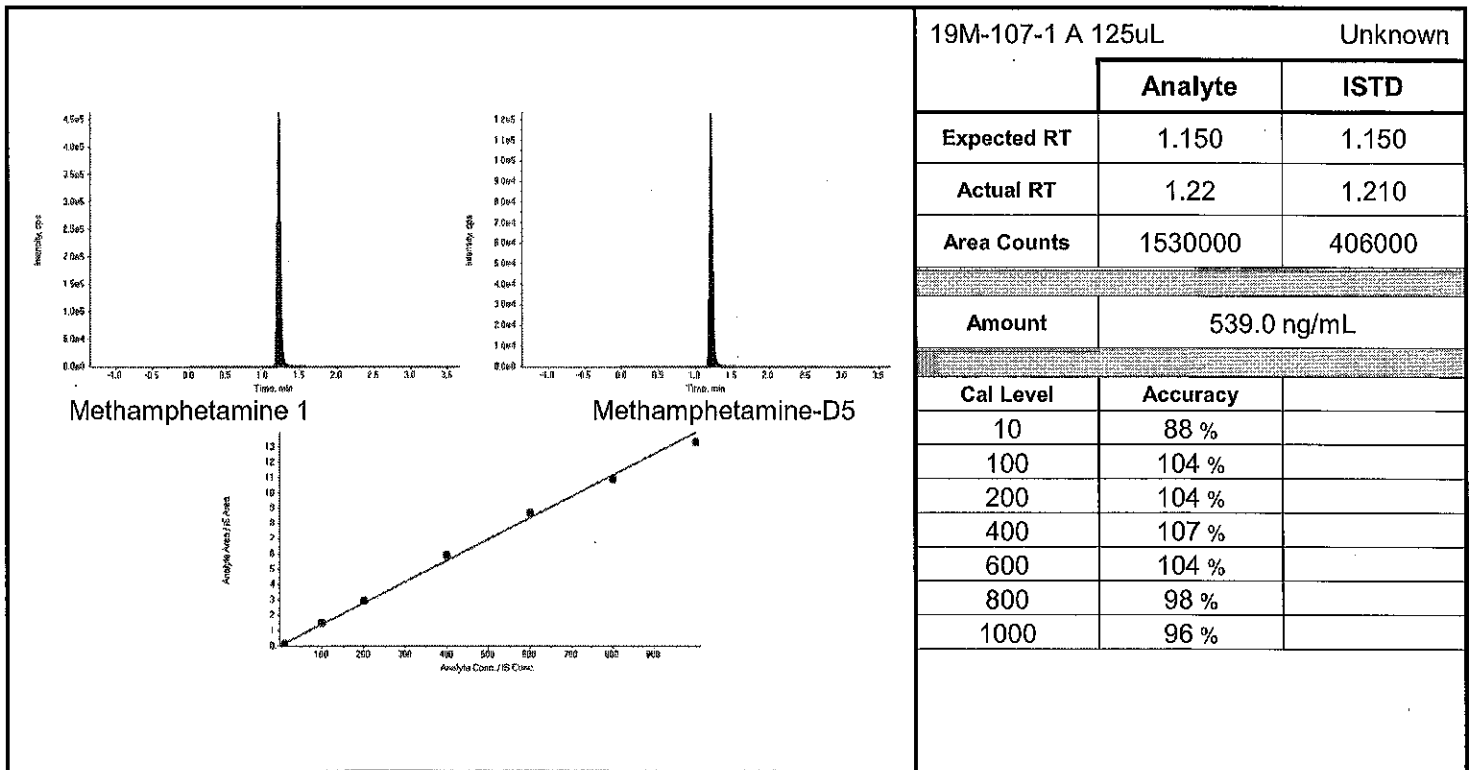
Analyte RT	Expected RT	Area (cps)	Transition	On Col. Conc. (ng/mL)	Calculated Ion Ratio (Target Range)	Calculated Conc. (ng/mL)
Amphetamine 1: 2/18/2019 5:12:41 PM 19M-107-1 A 125uL						
0.99	0.95	581000	135.999/91.100 Da	<Math> (N/A)	N/A	181.00
0.99	0.95	242000	135.999/119.20 0 Da		***0.42 (0.36 - 0.53)	

Methamphetamine 1: 2/18/2019 5:12:41 PM 19M-107-1 A 125uL						
1.22	1.15	1530000	150.048/91.100 Da	<Math> (N/A)	N/A	539.00
1.22	1.15	493000	150.048/119.10 0 Da		***0.32 (0.26 - 0.39)	

p10  
EW



p11  
EW

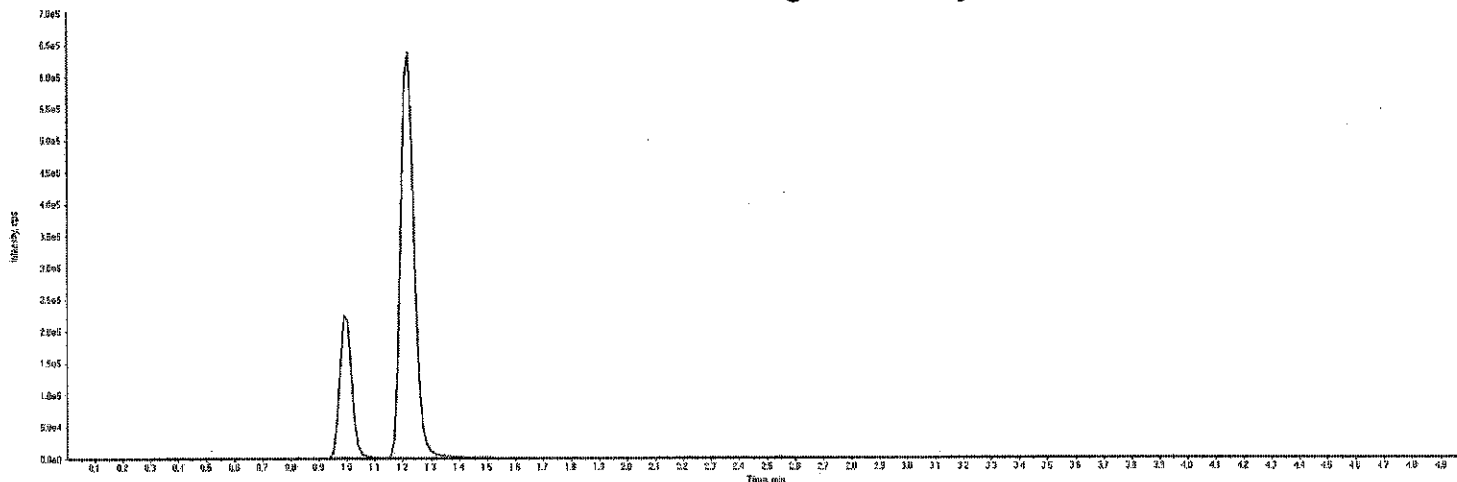




p12  
KW

Project	AG Amp	Data File	KW wiff\Amp 021819 KW.wiff
Result Table	Amp 021819 KW.rdb	Result Table Date	2/18/2019 2:46:01 PM
Sample Name	19M-107-1 B 125uL	Injection Volume	3
Injection Date	2/18/2019 5:18:25 PM	Injection Vial	38
Operator	3200.00	Sample Type	Unknown
Instrument Name	3200 Q TRAP	Dilution Factor	2.00
Acquisition Method	AG Amp_acquisition method_020215.dam	Batch File	V:\Analyst Data\Projects\AG Amp\Batch\Amp 021819 KW.dab

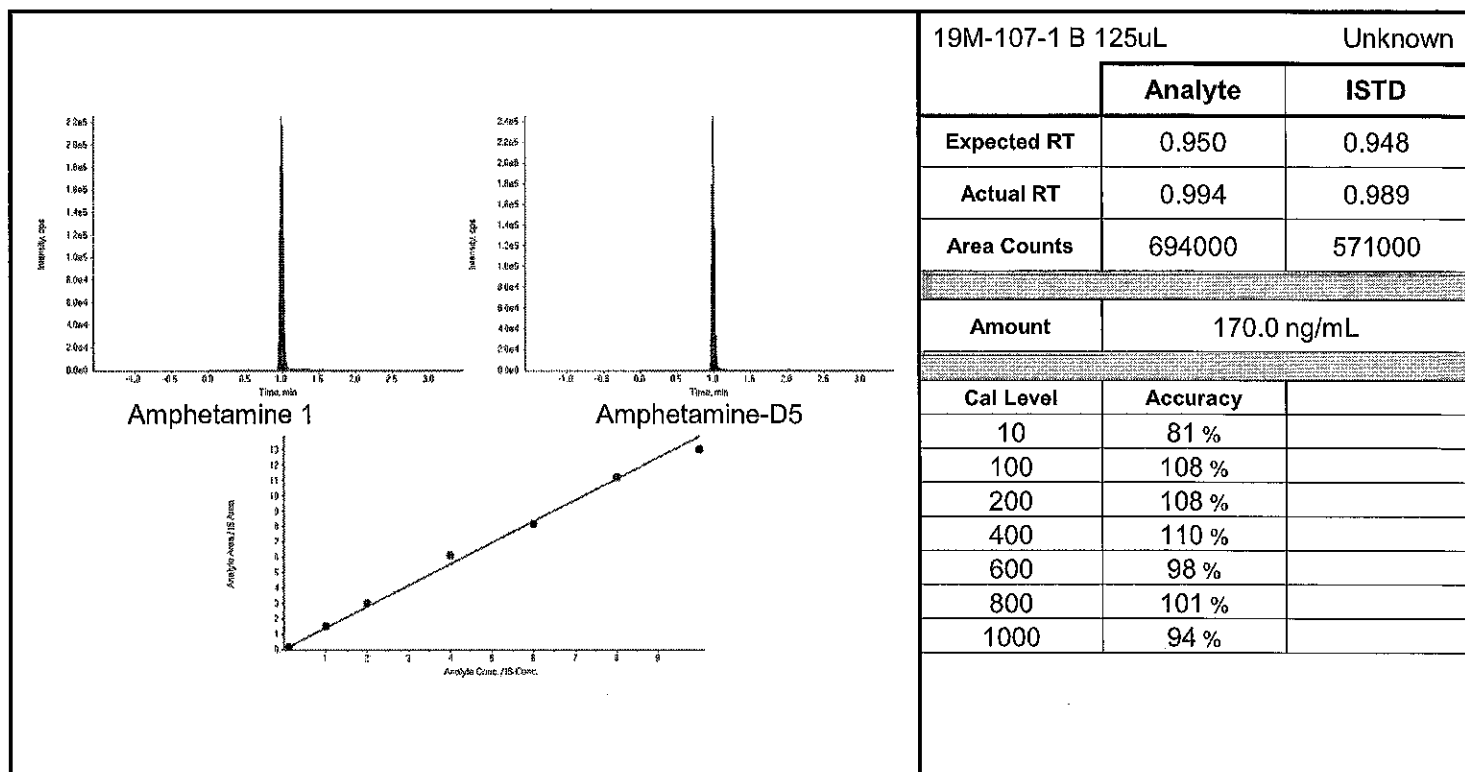
## Extracted Ion Chromatogram Overlay



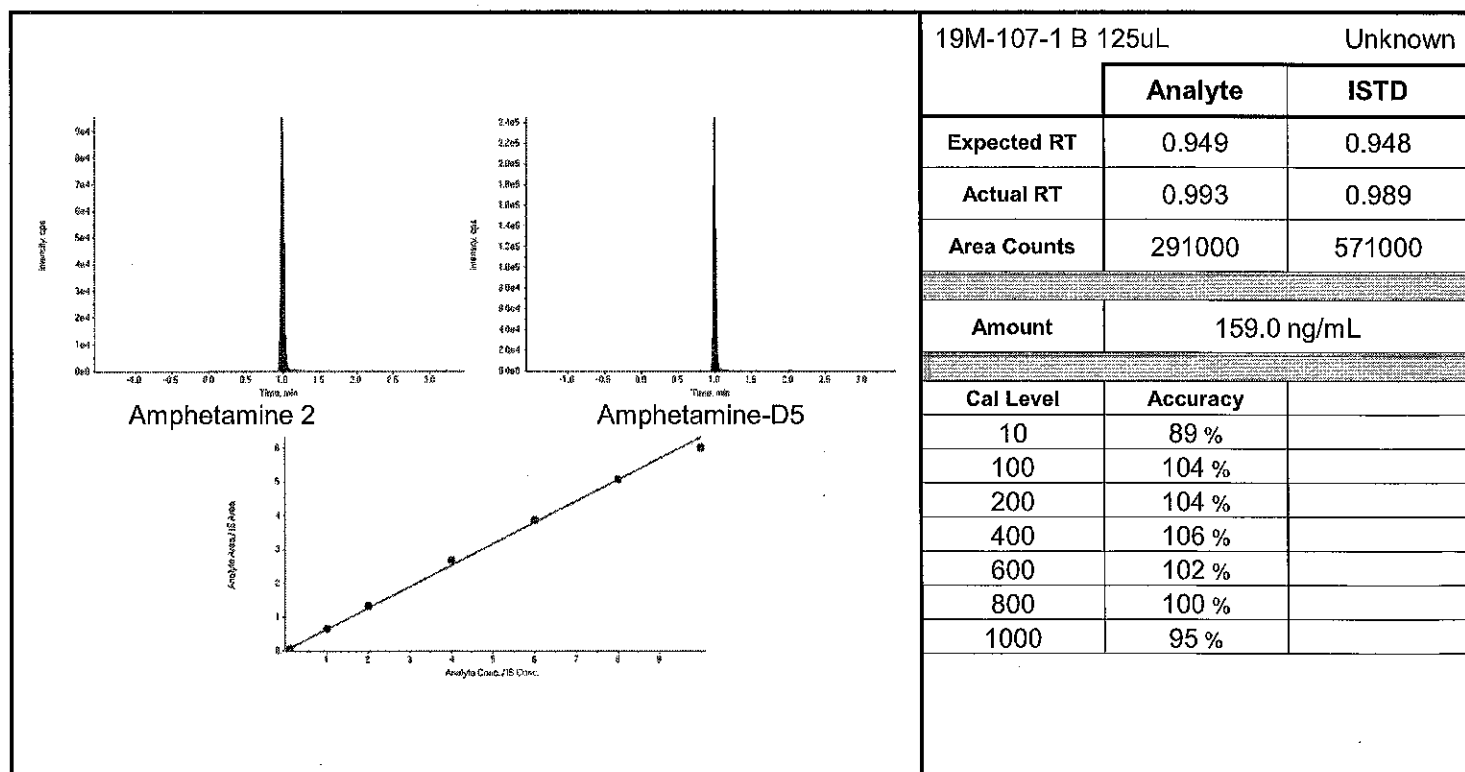
## Results Summary for Sample: 19M-107-1 B 125uL

Analyte RT	Expected RT	Area (cps)	Transition	On Col. Conc. (ng/mL)	Calculated Ion Ratio (Target Range)	Calculated Conc. (ng/mL)
Amphetamine 1:		2/18/2019 5:18:25 PM		19M-107-1 B 125uL		
0.99	0.95	694000	135.999/91.100 Da	<Math> (N/A)	N/A	170.00
0.99	0.95	291000	135.999/119.20 0 Da		***0.42 (0.36 - 0.53)	

Methamphetamine 1:		2/18/2019 5:18:25 PM		19M-107-1 B 125uL		
1.22	1.15	2170000	150.048/91.100 Da	<Math> (N/A)	N/A	477.00
1.22	1.15	695000	150.048/119.10 0 Da		***0.32 (0.26 - 0.39)	

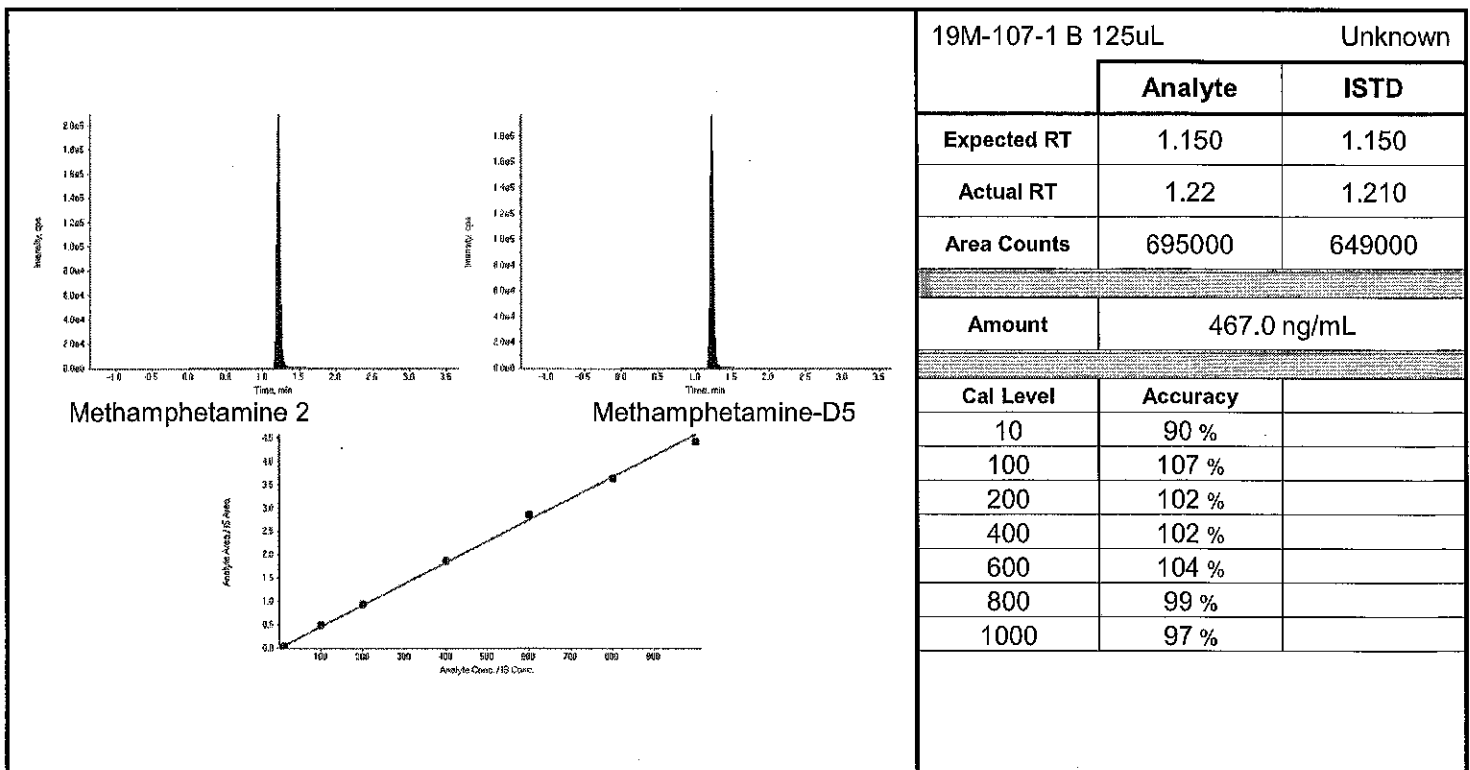
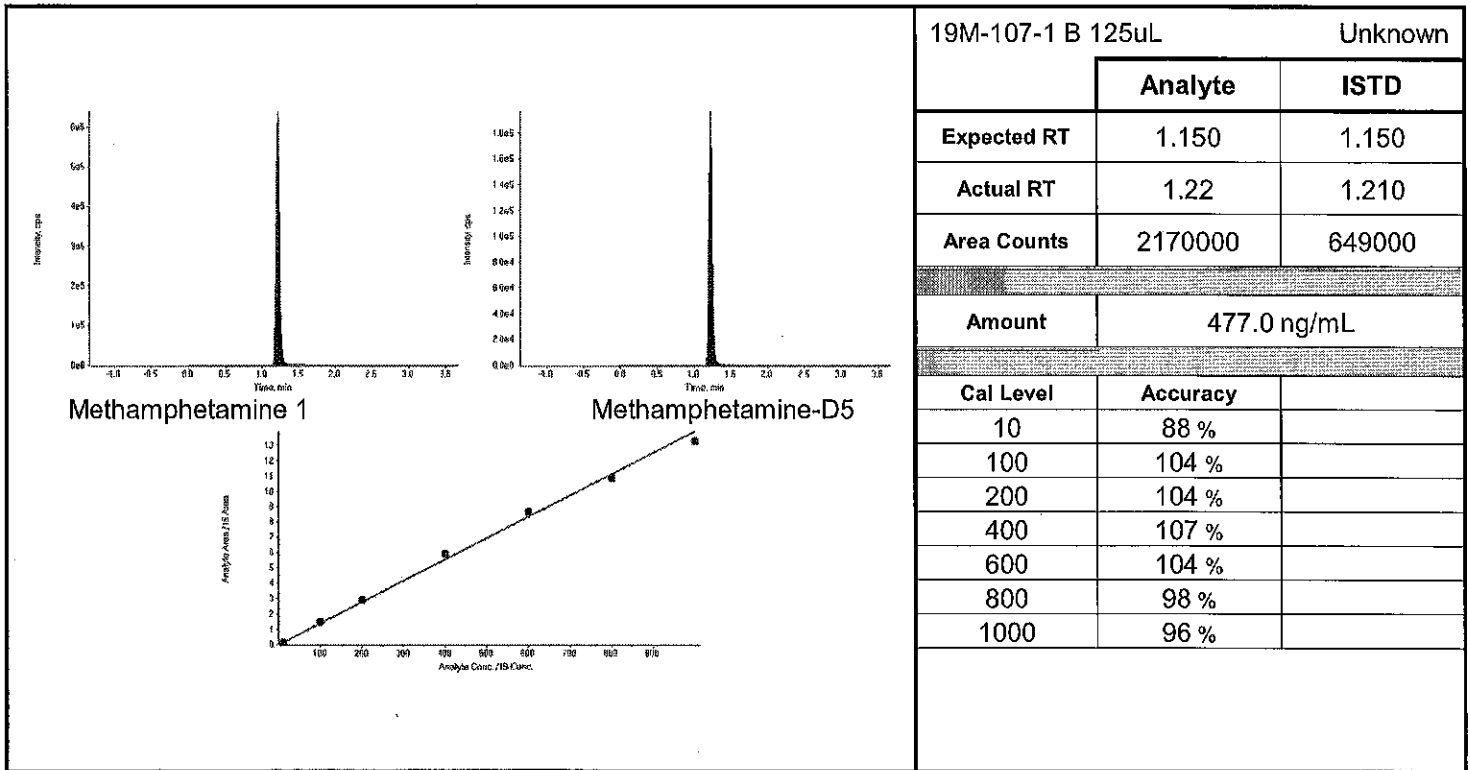
p13  
Kw

19M-107-1 B 125uL		Unknown
	Analyte	ISTD
Expected RT	0.950	0.948
Actual RT	0.994	0.989
Area Counts	694000	571000
Amount	170.0 ng/mL	
Cal Level	Accuracy	
10	81 %	
100	108 %	
200	108 %	
400	110 %	
600	98 %	
800	101 %	
1000	94 %	



19M-107-1 B 125uL		Unknown
	Analyte	ISTD
Expected RT	0.949	0.948
Actual RT	0.993	0.989
Area Counts	291000	571000
Amount	159.0 ng/mL	
Cal Level	Accuracy	
10	89 %	
100	104 %	
200	104 %	
400	106 %	
600	102 %	
800	100 %	
1000	95 %	

p14  
KW



Name	Date	Discussion
K .Wells	2/20/19	Received with no first name, I checked with Makenzi – it is Stephen.



# INTERNAL CHAIN OF CUSTODY REPORT

LABORATORY CASE #: 19M-000107

Evidence #: 001-01

ITEM DESCRIPTION: grey-stoppered femoral blood

	PIN	Date/Time
Relinquished By: Williams, Nichole (SME)	[X]	1/16/2019 11:42:09AM
Received By: ME Transfer Locker, (STME)	[ ]	
Relinquished By: ME Transfer Locker, (STME)	[ ]	1/17/2019 5:24:07AM
Received By: [REDACTED]	[X]	
Relinquished By: [REDACTED]	[X]	1/17/2019 5:24:09AM
Received By: Tox Lab Evid Locker (SP50)	[ ]	
Relinquished By: Tox Lab Evid Locker (SP50)	[ ]	2/11/2019 6:12:59PM
Received By: Wells, Kaylon C (SP50)	[X]	
Relinquished By: Wells, Kaylon C (SP50)	[X]	2/20/2019 3:05:45PM
Received By: Tox Lab Evid Locker (SP50)	[ ]	
Relinquished By: Tox Lab Evid Locker (SP50)	[ ]	3/1/2019 8:50:33AM
Received By: Roe, Sheri (SP50)	[X]	
Relinquished By: Roe, Sheri (SP50)	[X]	3/21/2019 10:51:52AM
Received By: Tox Lab Evid Locker (SP50)	[ ]	
Relinquished By: Tox Lab Evid Locker (SP50)	[ ]	3/25/2019 9:15:32AM
Received By: Wells, Kaylon C (SP50)	[X]	
Relinquished By: Wells, Kaylon C (SP50)	[X]	3/25/2019 9:59:36AM
Received By: ME Transfer Locker, (STME)	[ ]	
Relinquished By: ME Transfer Locker, (STME)	[ ]	4/8/2019 11:23:52AM
Received By: Williams, Nichole (SME)	[X]	
Relinquished By: Williams, Nichole (SME)	[X]	4/8/2019 11:23:54AM
Received By: IB Cooler (SME)	[ ]	

NOTE: [X] indicates a secured transaction ( a PIN was entered )