

**IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION**

**DWIGHT WINKLEY, father and wrongful death  
beneficiary of Isaiah Winkley, deceased, and as  
representative of all wrongful death beneficiaries  
of Isaiah Winkley; Cathy Winkley, Danielle Winkley  
Hutchinson, Shanna Winkley Edel and Jeremiah  
Winkley, as wrongful death beneficiaries of Isaiah  
Winkley, deceased**

**PLAINTIFFS**

**v.**

**CIVIL ACTION NO: 1:23cv213 LG-RPM**

**HANCOCK COUNTY, MISSISSIPPI; RICKY ADAM,  
individually and in his official capacity as Sheriff of  
Hancock County, Mississippi; Michael Chase Blackwell,  
individually; and John Does 1-5**

**DEFENDANTS**

**PLAINTIFFS' ACKNOWLEDGMENT OF RECEIPT OF MISSISSIPPI  
ATTORNEY GENERAL'S RESPONSE TO PLAINTIFFS'  
SUBPOENA DUCES TECUM**

The Plaintiffs' Subpoena Duces Tecum was issued to the Mississippi Attorney General on April 25, 2024, [Doc. #107] and the return of service was filed on April 26, 2024 [Doc. #108].

In response to Subpoena Duces Tecum the Mississippi Attorney General's office provided Exh. "1," hereto, Bates No. 78 through 91.

***RESPECTFULLY SUBMITTED***, this the 15<sup>th</sup> day of May, 2024.

**Dwight Winkley, *ET. AL*, PLAINTIFFS**

**By: /s/LANCE L. STEVENS  
ATTORNEY FOR THE PLAINTIFFS**

**CERTIFICATE OF SERVICE**

I, Lance L. Stevens, attorney for the Plaintiffs, hereby certify that I have this day forwarded, via electronic transmittal (email), a true and correct copy of the foregoing to be delivered by the ECF Filing System which gave notice to the following:

William R. Allen, Esq.

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Sheriff Ricky Adam***

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Cleveland, MS 38732-1209

***Counsel for Defendant Michael Chase Blackwell***

This the 15<sup>th</sup> day of May, 2024.

**Dwight Winkley, et al., PLAINTIFFS**

**By: /s/LANCE L. STEVENS  
ATTORNEY FOR THE PLAINTIFFS**

Lance L. Stevens, MSB No. 7877  
[lance@stevenslawgrouppllc.com](mailto:lance@stevenslawgrouppllc.com)



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**AMR SOUTH MISSISSIPPI  
PATIENT CARE REPORT**

**DINKLEY, IZAJAH J.**  
**DOB:** 05/28, (EARS)  
**SEX:** MALE  
**CASE #:** 61542414  
**DOS:** 12/10/2022

SERVICE MODEL AGENCY AMR	DISPATCH INFORMATION	TIMES
<b>FROM:</b> 28 HWY 603 PERKINSTON, MS 39573 (HOME/RESIDENCE)	<b>CALLER:</b> HANCOCK COUNTY SO <b>ZONE:</b> SM <b>UNIT:</b> R1 <b>RESPONSE MODE:</b> LIGHTS AND SIREN <b>ALS ASSESSMENT:</b> AMR EMT-P <b>DISPOSITION:</b> NO TREATMENT NO TRANSPORT - PRONOUNCED ON SCENE <b>NATURE OF CALL:</b> STAB/GSW/PEN/ OVERRIDE (BRAVO)	<b>CALL RECEIVED:</b> 07:30:09 <b>DISPATCHED:</b> 07:30:24 <b>ENROUTE:</b> 07:30:40 <b>AT SCENE:</b> 07:37:38 <b>AT PT SIDE:</b> 07:40:00 <b>AVAILABLE:</b> 08:36:02

**PATIENT DEMOGRAPHICS**

**NAME:** DINKLEY, IZAJAH J **DOB:** 05/28  
**ADDRESS:** UNKNOWN **AGE:** 21 YEARS  
**CITY, STATE ZIP:** KILN, MS 39556 **SEX:** MALE  
**HOME PHONE:** **ETHNICITY:** CAUCASIAN  
**CELL PHONE:**  
**EMAIL:**  
**SSN:**  
**RESPONSIBLE PARTY:** DINKLEY, IZAJAH  
**PHONE:**

**NARRATIVE**

**NARRATIVE**  
 UPON EMS ARRIVAL UNKNOWN AGE MALE FOUND BEING HELD ON HIS LEFT SIDE ON THE GROUND BY HC SO YAGAR AND HIS HANDS CUFFED BEHIND HIM UNRESPONSIVE. OBVIOUS DEATH NOTED, PT PRESENTED WITH LEVITY IN HIS UPPER CHEST, NECK AND FACE, PULSELESS AND APNEIC, HC SO SHOLER ADVISED EMS THAT PT WAS SHOT 4 TIMES IN HIS CHEST BY OFFICER BLACKWELL AND THAT THE PT WAS PULSELESS AND NOT BREATHING, NO CPR PROVIDED PRIOR TO EMS ARRIVAL NOTED.

C/O: OBVIOUS DEATH SECONDARY TO GSW TO CHEST

HX: UNKNOWN

ALS AX: SEE CHARTED

TX: NO PT TRANSPORT, PT PRONOUNCED ON SCENE BY R1 AT 0740 AM, PT LEFT ON SCENE WITH HC SO

**IMPRESSION**

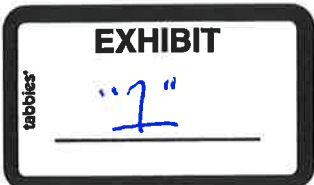
**PRIMARY IMPRESSION:** TRAUMA - PENETRATING  
**SECONDARY IMPRESSION:** TRAUMA - UNSPECIFIED  
**OTHER IMPRESSION:** PT SHOT 4 TIMES IN CHEST AND SHOULDER

**HISTORY OF PRESENT ILLNESS**

**CHIEF COMPLAINT(S):**  
**PT. STATED COMPLAINT:** OBVIOUS DEATH; **CHIEF COMPLAINT CATEGORY:** DEATH  
**CAUSE(S) OF INJURY:** O - SHOOTING (); **COMMENTS:** PT SHOT BY OFFICER X 4, OFFICE INVOLVED SHOOTING ;  
**FACTORS IMPACTING CARE:** NONE  
**ALCOHOL/DRUG INDICATORS:** NONE REPORTED

**MEDICAL HISTORY**

**HISTORY OBTAINED FROM:** NOT OBTAINED  
**MEDICAL HISTORY:** UNABLE TO OBTAIN PMH  
**ENVIRONMENTAL/FOOD ALLERGIES:** UNKNOWN  
**MEDICATION ALLERGIES:** UNABLE TO OBTAIN  
**MEDICATIONS:** UNABLE TO OBTAIN ;  
**HAS THE PATIENT TRAVELED OUTSIDE OF THE COUNTRY IN THE LAST 30 DAYS?:** UNKNOWN  
 DOS: 12/10/2022, Patient: izaiah dinkley, Case #: 61542414, Page 1 of 6



DOES THE PATIENT DISPLAY/COMPLAIN OF ANY OF THE FOLLOWING SYMPTOMS?: NO

- FEVER
- COUGH
- SHORTNESS OF BREATH
- WEAKNESS/TIREDNESS

**VITAL SIGNS**

TIME	BLOOD PRESSURE	PULSE	RESP	GLASGOW COMA SCALE				EKG	SPO2	ETCO2	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL					
07:40	NT	NT	0	1	1	1	3					

**PHYSICAL FINDINGS**

WEIGHT: 72.6 KG; 160 LBS

**PHYSICAL ASSESSMENT**

HEAD: ATRAUMATIC, SYMMETRICAL

NECK: ATRAUMATIC, NO JVD

**CHEST:**

**STERNUM -**

NEGATIVE: PENETRATING

REMARKS: NO BLEEDING NOTED

**LEFT MID-CLAVICULAR -**

NEGATIVE: PENETRATING

**LEFT CHEST -**

NEGATIVE: PENETRATING

**ABDOMEN:**

**RIGHT UPPER QUADRANT (RUQ) -**

NEGATIVE: PENETRATING AND DISTENDED

PELVIS: NOT ASSESSED

BACK: NOT ASSESSED

EXTREMITIES: NOT ASSESSED

**TREATMENTS**

PTA	TIME	CAREGIVER	PROCEDURE
		STANFILL, TINA,AMR	<b>FACILITY ACTIVATION</b> - ACTIVATION TYPE: NO ALERT
	07:40:00	STANFILL, TINA,AMR	<b>SKIN ASSESSMENT</b> - PALE COLOR; NOT AVAILABLE MOISTURE; NOT AVAILABLE TEMPERATURE; COMMENTS: PT PRONOUNCED OBVIOUS DEATH CRIME SCENE
	07:40:00	STANFILL, TINA,AMR	<b>LEVEL OF CONSCIOUSNESS</b> - RESPONDS TO (AVPU): UNRESPONSIVE
	07:40:00	STANFILL, TINA,AMR	<b>VITAL SIGNS</b> - COMMENTS: OBVIOUS DEATH PT PRONOUNCED CRIME SCENE  <b>GLASGOW COMA SCALE</b> - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER  <b>VITALS</b> - BLOOD PRESSURE NOT TAKEN; PULSE NOT TAKEN; RESPIRATORY RATE: 0; RESPIRATORY DEPTH: ABSENT; RESPIRATORY EFFORT: ABSENT; PATIENT POSITION: RIGHT LATERAL

**ADDENDUM**

DATE	ADDENDUM
11:40:00 12/10/2022	PT'S FIRST NAME SHOULD BE ISAIAH AND NOT IZAIHAH

**RUN COMPLETION**

PATIENT CONDITION UPON EMS ARRIVAL: DEAD WITHOUT RESUSCITATION EFFORTS (BLACK)

**OTHER CAREGIVERS**

CAREGIVER NAME:  
 CERTIFICATION:  
 AGENCY: HANCOCK SO  
 ROLE:  
 REASON FOR OTHER UNIT/TEAM TRANSPORT:  
 ARRIVED ON SCENE: BEFORE AMR  
 TIME CARE TRANSFERRED IN FIELD:  
 COMMENTS:

CAREGIVER NAME:  
 CERTIFICATION:  
 AGENCY: LEETOWN FIRE  
 ROLE:  
 REASON FOR OTHER UNIT/TEAM TRANSPORT:  
 ARRIVED ON SCENE: AFTER AMR  
 TIME CARE TRANSFERRED IN FIELD:  
 COMMENTS:

**DELAY REASONS**

**REASON OF RESPONSE DELAY:** NONE  
**REASON OF TRANSPORT DELAY:** NONE/NO DELAY  
**REASON OF TURNAROUND DELAY:** NONE/NO DELAY  
**REASON OF SCENE DELAY:** NONE/NO DELAY

**PCR ID:** 2022121008472652130

**DEVICE:** MSGPTMEDT041

**PRINTED:** 4/3/2023 08:50:48



**AMR SOUTH MISSISSIPPI  
PRE-HOSPITAL CARE REPORT SIGNATURES**

CASE #: 61542414

UNIT ID: R1

DATE: 12/10/2022

**AMR SOUTH MISSISSIPPI CREW MEMBERS**

**CREW 1**

**NAME:** STANFILL, TINA, AMR  
**NUMBER:** M8072862  
**CERTIFICATION:** PARAMEDIC

**CREW 2**

**NAME:**  
**NUMBER:**  
**CERTIFICATION:**

NO SIGNATURE FOUND

**OTHER CAREGIVERS**

**NAME:**  
**AGENCY:** HANCOCK SO  
**CERTIFICATION:**  
**REASON FOR OTHER CAREGIVER:**

NO SIGNATURE FOUND

**NAME:**  
**AGENCY:** LEETOWN FIRE  
**CERTIFICATION:**  
**REASON FOR OTHER CAREGIVER:**

NO SIGNATURE FOUND

PCR ID: 2022121008472852130

DEVICE: MSGPTMEDT041

PRINTED: 4/3/2023 08:50:48

**CREW SAFETY MEASURES**

<b>Crew</b>	<b>Safety Measures</b>
Crew One Safety Precautions	Gloves



**CHECKPOINT AUDIT TRAIL**

SITE: GULFPORT

PCR ID: 2022121008472652130

DATE ENTERED CHECKPOINT	CASE NUMBER	DOS	TOTAL AGE(HRS)	IS TRIP IN CHECKPOINT	
QUEUE NAME	TIMER ENTERED QUEUE	TIME SUBMITTED	HOURS PRESENT	SUBMITTED/MOVED BY	SUBMITTED METHOD
FIELD NAME	OLD VALUE	NEW VALUE	TIME MODIFIED	MODIFIED BY	

Details for Run: 61542414

Scheduled DATE ... : 12/10/22      TIME: 23:59:00      Day of week: 6  
 Location ..... : 280      603-PERK      ZIP: 39573  
 Grid ..... : SMS18      Zone: S      Tract:      FD:  
 Cross Streets .... : ROAD 321      4498 JANA RD  
 Patient condition : 27B STAB/GSW/PEN/ OVERRIDE (BRAVO)  
 Priority ..... : 1      EMERG LIFETHRT  
 Transport FROM ... :  
 Additional location:  
 CALL back ..... : 111-111-1111      HANCOCK  
 Initiated BY ..... : HAN HANCOCK COUNTY SO  
 Transport TO ..... :      TO ZIP:  
 Trans TO Addl Loc :  
 Transport priority :  
 Number of patients :  
 Delayed FOR ..... :  
 Delay TIME ..... :  
 Talked with ..... :  
 DATE received .... : 12/10/22      Recd TIME: 07:30:09      Req'd TIME: 23:59:00  
 Dispatch Time Zone :      Call Time Zone :

UNIT number ..... : R1  
 Company ..... :  
 Dispatched FROM ..... : 25R  
 Received TIME ..... : 07:30:09      ELAPSED      MILEAGE  
 Dispatched TIME ..... : 07:30:24      00:00:15  
 En route TIME ..... : 07:30:40      00:00:16      0.1  
 ON scene TIME ..... : 07:37:38      00:06:58  
 Transport TIME ..... :      00:58:24  
 Arrive destination TIME:      00:00:00  
 Available 1st TIME ... :      00:00:00  
 Available TIME ..... : 08:36:02      00:00:00  
 CALL taker ..... : 007973 SCOTT, SHARQUISE  
 Dispatcher ..... : 002020 COGHLAN, BONNIE  
 Senior medic ..... : 007281 STANFILL, TINA  
 Paramedic ..... :  
 Third crew member .... :  
 Fourth crew member ... :  
 Driver ..... : 007281 STANFILL, TINA  
 Radio Person ..... : 002020 COGHLAN, BONNIE  
 LEVEL at TIME of dispatch ... : 9  
 Emergency calls being worked : 2  
 Patient name ..... :  
 Notify name ..... :  
 Cancel CALL reason code ..... : J6      PRONOUNCED - NO TREATMENT  
 Multi response reference run : 61542415  
 Request assistance agency code:  
 Request assistance units .... :  
 TIME alerted assistance ..... :  
 TIME arrived assistance ..... :  
 Other priority ..... :  
 Reason FOR CHANGE of priority :  
 TIME of CHANGE of priority .. :  
 Other transport TO ..... :  
 Reason FOR CHANGE transport TO:  
 TIME of CHANGE of transport TO:

PATIENT :

Physician .....	:		Ambulance Type :	A
Authorization # ..	:		Primary Class :	
Bill Code .....	:		County/City .. :	
Social Sec # .....	:	- -	ICD9 Code .... :	AE
Medicare # .....	:		Outcome Code . :	
Recipient # .....	:		Medi-cal # ... :	
Case # .....	:			
Date of Birth .... :				
Hospital ID # .... :				
Insurance .....	:	HMO ... :		
Name .....	:			
Policy/ID .....	:			
Credit card Auth # :				
Guardian .....	:			
Address .....	:		Ph - -	
City, ST Zip .....	:		State Zip	
Supplies .....	:			

CALLED REPORT :

Notes	Note Time
NOTES FOR 12/10/22	07:28:52
*X ST MATTHEW CHURCH RD // TAKE THE DIRT	07:28:52
*ROAD BY ROAD 321, SIGN THAT SAYS NUTRENA,	07:28:52
*COME DOWN THE DIRE	07:28:52
*ROAD, CROSS THE POND AND TURN RIGHT, DRIVEWAY	07:28:52
*OFF THE POND	07:28:52
*HANCOCK COUNTY	07:28:52
Nature: 27B00-STAB/GSW/PEN/ OVERRIDE (SNS-200)	07:30:09
AMBULANCE R1 DISPATCHED (BLC-203)	07:30:24
!3 GSW TO CHEST.....1043 W/ PD (SNS-200)	07:30:24
CALL TYPE=ALSE (SNS-200)	07:30:27
STATUS OF 'R1' CHANGED TO ENROUTE (BLC-203)	07:30:40
AMBULANCE 80B DISPATCHED (BLC-203)	07:30:53
STATUS OF '80B' CHANGED TO ENROUTE (BLC-203)	07:31:03
*R5 DECLINED DUE TO WEATHER (BLC-203)	07:34:07
STATUS OF 'R1' CHANGED TO ONSCENE (BLC-203)	07:37:38
*S53 (MNR-218)	07:37:45
*NO PULSE (MNR-218)	07:38:12
*S25 (BLC-203)	07:40:26
*Ambulance incident 61542415 closed (BLC-203)	07:40:39
POSTS RECOMMENDED: GPMC, 6, BRMC; POST SELECTED: 25R	08:36:04
*Ambulance incident 61542414 closed (BLC-203)	08:36:04

**NON-PROSECUTION AGREEMENT BETWEEN THE UNITED STATES  
AND MICHAEL CHASE BLACKWELL**


This document sets forth the complete and final non-prosecution agreement (the "Agreement") between the government (represented by the United States Attorney's Office for the Southern District of Mississippi and the United States Department of Justice, Civil Rights Division, Criminal Section) and Michael Chase Blackwell, by and through his attorney, Russell S. Gill. After investigation, the government believes that the ends of justice will be served by the following agreement:

1. Mr. Blackwell admits that the following facts are true and correct; On or about December 10, 2022, near Perkinston, Mississippi, Mr. Blackwell, while acting under color of law as a Hancock County Sheriff's Deputy, shot I.W. several times with his service pistol, resulting in I.W.'s death.
2. The government agrees not to prosecute Mr. Blackwell for the conduct set forth in paragraph one (1), provided that Mr. Blackwell abides by the terms of this Agreement.
3. Mr. Blackwell agrees to abide by the following conditions:
  - a. Upon execution of the Agreement, Mr. Blackwell will promptly forfeit, and will permanently refrain from seeking, any and all law enforcement and police officer certifications and licenses.
  - b. Upon execution of the Agreement, Mr. Blackwell will promptly resign from, and will permanently refrain from seeking, any employment in the fields of law enforcement, security, and loss-prevention.
  - c. Upon execution of the Agreement, Mr. Blackwell will notify all past employers in the fields of law enforcement, security, and loss-prevention of the Agreement; will supply those employers with a copy of the Agreement; and will authorize those employers to release a copy of the Agreement to any prospective employers in the fields of law enforcement, security, and loss-prevention.
  - d. By executing the Agreement, Mr. Blackwell also authorizes the Department of Justice to release a copy of the Agreement to any prospective employers in the fields of law enforcement, security, and loss-prevention.
4. The determination of whether Mr. Blackwell has fully complied with or, conversely, violated any of the terms in this Agreement rests exclusively with the government.


5. In the event that the government asserts that Mr. Blackwell has violated any of the terms of this Agreement, the government reserves the right to prosecute Mr. Blackwell for the conduct specified herein, and Mr. Blackwell reserves all of his defenses thereto.
6. This agreement binds the United States Attorney's Office for the Southern District of Mississippi and the United States Department of Justice, Civil Rights Division, Criminal Section, but does not bind any state or local law enforcement or regulatory authority.

Respectfully submitted,

TODD W. GEE  
UNITED STATES ATTORNEY

By:   
Jonathan Buckner  
Assistant United States Attorney  
Southern District of Mississippi

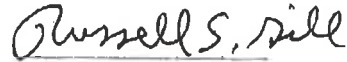
KRISTEN CLARKE  
ASSISTANT ATTORNEY GENERAL

By:   
Christopher Perras  
Special Litigation Counsel  
U.S. Department of Justice  
Civil Rights Division

I have read this Non-Prosecution Agreement and have discussed it fully with my client, Michael Chase Blackwell. The Agreement accurately and completely sets forth the entire agreement between the government and Mr. Blackwell. I concur in Mr. Blackwell agreeing to the terms and conditions set forth in the Agreement.

MARCH 11, 2024

Date



Russell S. Gill

Counsel for Michael Chase Blackwell

I have read this Non-Prosecution Agreement and carefully reviewed every part of it with my attorney. I understand it, and I voluntarily agree to it. I do not wish to change any part of it.

March 11, 2024

Date



Michael Chase Blackwell



## NMS Labs

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200 Welsh Road, Horsham, PA 19044-2208  
 Phone: (215) 657-4900 Fax: (215) 657-2972  
 e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

**Toxicology Report**

Report Issued 12/27/2022 12:45

To: 151242  
 MS Medical Examiner Office - Gulf Coast Lab  
 215 Allen Stuart Drive

Pearl, MS 39208

Patient Name WINKLEY, ISIAIAH  
 Patient ID ME  
 Chain NMC  
 DOB Not Given  
 Sex Not Given  
 Workorder 2247

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**Positive Findings:**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Caffeine	Presump Pos	mcg/mL	001 - Subclavian Blood

See Detailed Findings section for additional information

**Testing Requested:**

<u>Test</u>	<u>Test Name</u>
8084B	Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic)

**Tests Not Performed:**

Part or all of the requested testing was unable to be performed. Refer to the **Analysis Summary and Reporting Limits** section for details.

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Labeled As</u>
001	Gray Stopper Glass Tube	9 mL	12/12/2022	Subclavian Blood	ME22-1001
002	Gray Stopper Glass Tube	9 mL	12/12/2022	Subclavian Blood	ME22-1001
003	Red Stopper Glass Tube	3.5 mL	12/12/2022	Vitreous Fluid	ME22-1001
004	Red Stopper Glass Tube	8.5 mL	12/12/2022	Urine	ME22-1001

All sample volumes/weights are approximations.

Specimens received on 12/22/2022.

NMS v.24.0

WINKLEY 89



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Workorder 22473460  
Chain NMSCP225179  
Patient ID ME22-1001

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**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Presump Pos	mcg/mL	0.20	001 - Subclavian Blood	LC/TOF-MS

This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

**Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.**

**Sample Comments:**

001 Autopsy ID: ME22-1001  
001 County: HANCOCK  
001 Physician/Pathologist Name: TURNER, M.D., STACI

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 22473460 was electronically signed on 12/27/2022 11:26 by:

*Donna M. Papsun*

Donna M. Papsun, M.S., D-ABFT-FT  
Forensic Toxicologist

**Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

**Test 52198B - Cannabinoids Confirmation, Blood - Subclavian Blood**

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
11-Hydroxy Delta-9 THC	1.0 ng/mL	Delta-9 THC	N/A
Delta-9 Carboxy THC	N/A		

**Not Reported:** Delta-9 Carboxy THC: Canceled due to an interfering substance.

**Not Reported:** Delta-9 THC: Canceled due to an interfering substance.

**Test 8084B - Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic) - Subclavian Blood**

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

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**Workorder** 22473460  
**Chain** NMSCP225179  
**Patient ID** ME22-1001

Page 3 of 3

**Analysis Summary and Reporting Limits:**

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hyposedatives, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

NMS v.24.0

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