

APPENDIX E

OFFICE OF THE CHIEF MEDICAL EXAMINER POST MORTEM
REPORT-RICHARD P. LOVE

STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
11 Shuttle Road, Farmington, Connecticut 06032-1939
Telephone: (860) 679-3980 Fax: (860) 679-1257



January 15, 2016

Peter McShane, Esq.
State's Attorney - Middlesex J.D.
1 Court Street
Middletown, CT 06457

Town: Old Saybrook

County: Middlesex

Dear Attorney McShane:

Enclosed please find a copy of the Medical Examiner, Autopsy, Tox Reports, ID and RE on the following case(s):

CASE NUMBER	NAME OF DECEASED	DATE OF DEATH
15-16220	Richard aka Richard Paul Love	10-10-2015

Sincerely,

James R. Gill, M.D.
Chief Medical Examiner

rm

STATE'S ATTORNEY'S OFFICE
MIDDLESEX JD
2016 JAN 20 9M 10 59

REPORT OF INVESTIGATION

ME-102 (revised 10/08)

M.E. CASE NO.

15-16220

State of Connecticut
 OFFICE OF THE CHIEF MEDICAL EXAMINER
 11 Shuttle Road, Farmington, Connecticut 06032
 (860) 679-3980

DECEASED	Name (First, Middle or Maiden, Last) Richard P. Love		Age 31	Race White	Sex <input checked="" type="checkbox"/> male <input type="checkbox"/> female
	Last Residence (No., Street) 131 Paul Revere Road		Town Groton	State CT	Zip Code 06340
INJURY (if any)	Place of Injury				Date of Injury
DEATH	Place of Death (No., Street) 1750 Boston Post Road		Town Old Saybrook		State CT
	Reported By (Name) Sergeant Ruddy		Affiliation Connecticut State Police Eastern District Major Crime		
	OCME Investigator Notified Date 10/10/15 Time 1215		OCME Notified Date 10/10/15 Time 0954		
	Arrival at Scene Date 10/10/15 Time 1341	Departure from Scene Date 10/10/15 Time 1614	Death Determined By Paramedic Lanouette		Date 10/10/15 Time 0129
	Deceased Identified By (Name) Fingerprint Identification		Address (Street, Town, State)		
INFORMANT	Other Informants (Names) Detective Ryan Luther-Connecticut State Police Eastern District Major Crime				

CIRCUMSTANCES OF DEATH (include when deceased last seen alive and pertinent medical and occupational history)

At 0954 hours on Sunday, October 10, 2015, Sergeant Ruddy of the Connecticut State Police Eastern District Major Crime reported the death of Richard Love to the Office of the Chief Medical Examiner. The deceased was involved in a shooting at a hotel in Old Saybrook. He was presumed dead at the scene by Paramedic Lanouette at 0129 hours on October 10, 2015. The following information, provided by Connecticut State Police Eastern District Major Crime personnel at the scene, is only tentative and subject to change as the investigation into the incident was on-going and active while the undersigned investigator was present. The undersigned investigator's personal observations, at the scene, are also noted below.

It was reported the deceased was a person of interest in multiple bank robberies. It was reported personnel from the Norwich Police Department obtained information that the deceased was staying at an Econo Lodge hotel in Old Saybrook. Norwich Police personnel and personnel from the Old Saybrook Police Department attempted to make contact with the deceased at 2305 hours on October 9, 2015. Police personnel reported they viewed the deceased, through the windows of the hotel room, holding a handgun. It was then reported a police personnel dispatcher made contact with the deceased via the telephone. One or two shots were heard over the line and then the sounds of moaning/gurgling. At an unspecified point Connecticut State Police Tactical Unit was activated for assistance in the matter. A robot was sent into the hotel room and it was determined the deceased was barricaded in the hotel room bathroom. Upon police tactical personnel entrance into the hotel room another shot was heard from within the bathroom and then apparent sounds of difficulty breathing by the deceased. The bathroom was determined to be locked so the door had to be breached. Upon breaching the bathroom police personnel reported the deceased was viewed sitting in the bathtub with a handgun raised. The deceased was ordered to lower the weapon, but when he didn't comply police tactical operators discharged their weapons at the deceased. At that time the deceased lowered the weapon he held, but again raised it. At that point police tactical personnel discharged their weapons again.

The deceased was reported to be found with a .45 caliber Beretta in his lap. It was collected and removed prior to investigator arrival. Connecticut State Police Tactical Unit personnel were reported to have discharged .223 rounds from M-4 rifles. Two .45 shell casings and five .223 casings were reported to be found at the scene, however, evidence collection was still ongoing.

Multiple rounds of live ammunition were reported to have been collected and removed from the bathroom. Also reported to have been collected and removed from the bathroom was drug paraphernalia. Reported to have been collected and removed from the room, prior to investigator arrival, were narcotics, ammunition, and United States currency. No alcoholic beverage containers were reported to have been noted at the scene.

The deceased had an unknown medical history. On a recorded line the deceased was reported to have vocalized the statement he rather die then leave the room. It was reported the deceased had recent suicidal ideations and had told a friend prior to the incident, "I'm in too deep" and "make the cops shoot me". The veracity of this information was under active investigation.

Digital photos were taken of the scene and have been downloaded to the case file. After an external examination the body was transported to the Office of the Chief Medical Examiner by Connecticut Trade Service.

**EXTERNAL
EXAMINATION**

Deceased Examined At
1750 Boston Post Road, Old Saybrook

On (Date)
10/23/15

Briefly describe position of body, estimated height & weight, eye color, hair characteristics, scars, tattoos, blemishes, & signs of injury or disease. Note signs of death, including rigor mortis and lividity. In homicides or suspicious deaths, record appearance of clothing.

The deceased is a white male appearing the reported age of thirty-one years. The body is sitting, slumped backwards, in a bathtub in a bathroom of a hotel room. The left arm is bent at the elbow with left forearm resting across the left upper thigh area and the left hand resting across the right upper thigh area. The right arm is bent at the elbow with the right hand resting on the right upper thigh area next to the left hand. Both legs are extended straight. The head is tilted forward against the left upper chest area. The posterior upper back area is resting against the faucet and right corner of the bathtub.

The body is clad in shorts, under which are worn underwear, and socks. There is a tattoo noted to the right lateral arm area. A tattoo is viewed on the palmar side of the left forearm. Another tattoo is viewed on the right posterior upper back area.

Head hair is brown. Brown unshaved facial hair is noted. The right iris is brown. No petechial hemorrhages are seen. The left eye is unable to be viewed due to severe trauma noted on the left side of the facial area. Dentition is natural. The ear canals are clear. There is a blood-like substance emanating from the nares and oropharyngeal cavity. There is a blood-like substance viewed all over the facial area.

The fingers and arms cannot be manipulated. Livor mortis is consistent with the position the body was found in. Multiple wounds are noted to the right and left sides of the facial area. There is a wound noted to the underside of the chin area. A wound is noted to the frontal area of the head. Another wound is noted to the left clavicle area. A wound is noted to the left AC fossa area. There are two well-healed scar positioned vertically down the midline of the lower back.

COUNTY OF HARTFORD
STATE OF CONNECTICUT ss: at Farmington

TRUE COPY OF THE ORIGINAL RECORD 15-16220

DATE 1-15-16

NOTARY PUBLIC
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11-30-17

CERTIFICATION

I certify that I made an external examination of the deceased on the date shown.

Date
10/23/15

Name of Investigator
Penny M. Geyer

Signed
Penny M. Geyer



STATE OF CONNECTICUT
Office of the Chief Medical Examiner
11 Shuttle Road, Farmington, CT 06032

M.E. CASE NUMBER: 15-16220-Love, Richard aka Richard Paul

Date of Death: 10/10/2015
County of Death: **Middlesex**
Autopsy Performed By: **James Gill, M.D.**

Time of Death: 1:29 AM
City of Death: **Old Saybrook**
Autopsy Date: 10/11/2015

FINAL DIAGNOSES

- I. Multiple Gunshot Wounds of Head and Neck:
 - A. Perforations of Brain and Spinal Cord
 - B. Multiple Facial and Skull Fractures

- II. Penetrating Gunshot Wound of Left Shoulder
 - A. Bullet Recovered

- III. Acute Intoxication with Cocaine and Heroin

CAUSE OF DEATH: GUNSHOT INJURY OF HEAD AND NECK

MANNER OF DEATH: HOMICIDE (SHOT BY POLICE)



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M.E. CASE NUMBER: 15-16220-Love, Richard aka Richard Paul

REPORT OF AUTOPSY

I hereby certify that I, James Gill, M.D., Chief Medical Examiner, have performed an autopsy on the body of Richard aka Richard Paul Love on 10/11/2015, commencing at 9:15 AM, in the mortuary of the Office of the Chief Medical Examiner of the State of Connecticut. The autopsy was performed in the presence of Major Crime-Eastern District.

EXTERNAL EXAMINATION:

The body is of an average-height and framed, 70", 159 pound White man whose appearance is consistent with the given age of 31 years. The straight black hair measures up to 1". The eyes have brown irides and the conjunctivae are without hemorrhage, petechiae, or jaundice. The oral cavity has natural teeth. The torso and extremities are described under "Injuries". There are no surgical tattoos. There are linear scars with recent injection sites of the left antecubital fossa. Subsequent internal examination reveals hemorrhage. There are tattoos of the upper left back, right arm, and left forearm. The external genitalia are those of a normal circumcised man.

POSTMORTEM CHANGES:

There is full rigor mortis of the upper and lower extremities. Lividity is not visible. The body is cool.

CLOTHING:

There are shirts, underpants, and socks.

THERAPEUTIC PROCEDURES:

None.

RADIOGRAPHIC STUDIES:

There is one bullet in the head/neck region and one in the left shoulder. There is "lead snow storm" effect on radiographic imaging of the head.

INJURIES (EXTERNAL AND INTERNAL):

There are 5 gunshot wounds of the body: One penetrates the head, three perforate the head, and one penetrates the left shoulder. The directions are stated with reference to the standard



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anatomical planes with the body measured in the horizontal position. These injuries are labeled "A" through "E" for descriptive purposes only; no sequence is implied.

A. GUNSHOT WOUND INFERIOR CHIN:

ENTRANCE: A gunshot entrance wound under the chin is located 9" from the top of the head and 1/2" left of midline. It is a stellate 1" wound with a rim of black fouling and a rectangular abrasion anteriorly (Comment: muzzle stamp consistent with handgun). There is no stippling.

TRACK: After perforating the skin, the bullet entered the oral cavity. The underlying medial mandible is not fractured. The left eye is sunken and contains a defect with communication through the orbital plates to the cranial cavity. There is maroon contusion surrounding the left eye. There is a 1-3/4" slit-like defect along the edge of the left nose and an approximately 1" stretch-like defect under the left eye that does not communicate with the oral cavity.

COURSE AND DIRECTION: The direction of this bullet is upward without discernible right-left or front-back deviation.

EXIT WOUND: A 1-1/2" x 1/4" exit gunshot wound at the top of the mid-forehead is located approximately 1/2" left of midline and 1/4" from the top of the head. It has external beveling of the skull. There is associated gunshot wound injury of the left frontal lobe of the brain. There is subdural and subarachnoid hemorrhage (comment: a .45 caliber bullet was found in upper shower wall).

B. PENETRATING GUNSHOT WOUND OF LEFT SHOULDER:

ENTRANCE: A gunshot entrance wound of the top of the left shoulder is located 4-1/2" left of midline and approximately 11" from the top of the head. It is a 3/4" circular wound with 1/16" margin of abrasion. There is no fouling or stippling of the adjacent skin.

TRACK: After perforating the skin of the top of the shoulder, the bullet perforates the bones of the shoulder.

SITE OF LODGEMENT: The site of lodgement is in the posterior left shoulder located approximately 12" from the top of the head and approximately 7" left of midline.

COURSE AND DIRECTION: The direction of this bullet is front to back, slightly downward, and slightly left to right.



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BULLET: The bullet is distorted, fully copper jacketed, and of small caliber. It is submitted as "shoulder bullet". Photographs are taken for documentation.

C, D. ENTRANCE GUNSHOT WOUNDS OF LATERAL RIGHT FACE:

ENTRANCE C: An atypical gunshot entrance wound of the lateral right cheek is located 3" right of midline and 5-1/2" from the top of the head. It is a 1-1/2" x 1/2" defect with focal margin of abrasion.

ENTRANCE D: A gunshot entrance wound of the lateral right cheek is located 3" right of midline and 5-1/4" from the top of the head. It is circular 1/4" defect with scant margin of abrasion.

TRACKS: After perforating the skin and soft tissues of the right face, the bullets fracture the facial bones (extensive) and enter the oral cavity. The lateral left mandible is fractured along with comminuted fractures of the palate.

EXIT WOUNDS: Due to the proximity of the gunshot wound tracks and extensive damage, it cannot be determined which entrance wounds (C, D) correspond to the two exit wounds:

-EXIT 1: A gunshot exit wound of the left cheek is located 6" from the top of the head and 2-1/2" left of midline. It is a 1-1/2" irregular defect with numerous stretch lacerations superiorly.

-EXIT 2: A gunshot exit wound of the lateral left cheek over the mandible is located 8" from the top of the head and 3" left of midline. It is a 3/4" slit-like smooth-edged defect (comment: there are two gunshot defects in wall of the bathtub).

COURSE AND DIRECTION: The directions of these bullets are right to left and downward without discernible front-back deviation.

E. PENETRATING GUNSHOT WOUND OF MEDIAL RIGHT FACE:

ENTRANCE: A gunshot entrance wound of the right cheek is located 5-1/2" from the top of the head and 1-1/2" right of midline. It is a 3/8" circular perforation with a 1/8" symmetrical margin of abrasion. There is no fouling of the adjacent skin. There are rare punctate red lesions of the face.



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TRACK: After perforating the skin and soft tissues of the right face, the bullet enters the oral cavity and travels along the base of the skull (extensive fracture) through the upper cervical vertebral column perforating the spinal cord. There is moderate-to-marked tissue destruction along track including extensive facial and hard palate fractures. Powder residue is not visible in the wound track.

SITE OF LODGMENT: The site of lodgment is in the soft tissues of the posterior left neck located 9" from the top of the head and 1/2" left of midline.

COURSE AND DIRECTION: The directions of this bullet is front to back, downward, and right to left.

BULLET: The bullet is a small caliber, copper jacketed, deformed (mushroomed) bullet. It is photographed and submitted to the Police as "neck bullet".

The above injuries, having been described once, will not be repeated.

INTERNAL EXAMINATION:

BODY CAVITIES: The organs are in their normal situs. The pleural and peritoneal cavities contain no fluid, hemorrhage, or adhesion.

HEAD: The brain weighs 1580 grams and is normal size and shape. The cerebral hemispheres are symmetrical with the usual patterns of sulci and gyri. The leptomeninges are thin. The cerebral vessels are without aneurysms or atherosclerosis. The cranial nerves are normally distributed. The white and grey matter, deep nuclei, and ventricles are unremarkable. The brainstem and cerebellum have the usual patterns on cut surface.

NECK ORGANS: The hyoid bone, tracheal and laryngeal cartilages, and paratracheal soft tissues are without trauma. The upper airway is patent. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 390 grams and has a normal distribution of coronary arteries without atherosclerotic stenosis of the epicardial vessels. The myocardium is homogenous, dark-red, and firm without pallor, hemorrhage, softening, or fibrosis. The left ventricle wall is 1.3 cm and the right is 0.4 cm thick. The endocardial surfaces and four cardiac valves are unremarkable. The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus.



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RESPIRATORY SYSTEM: The right lung weighs 710 grams and the left weighs 660 grams. The gray parenchyma is with alveolar hemorrhage. There is marked hemorrhage in the bronchial tree and trachea.

LIVER, GALLBLADDER, PANCREAS: The liver weighs 2160 grams and has an intact capsule and brown parenchyma without fibrous or slippery texture. The gallbladder contains approximately 10 cc of yellow bile without stones. The pancreas is unremarkable in lobulation, color and texture.

HEMIC AND LYMPHATIC SYSTEMS: The spleen weighs 250 grams and has an intact capsule. The color, red and white pulp, and consistency are unremarkable. There are no enlarged lymph nodes. The bone marrow is unremarkable.

GENTOURINARY SYSTEM: Each kidney weighs 160 grams and has a smooth brown surface and an unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable bladder. The bladder contains approximately 50 cc of urine. The prostate is not enlarged. The testes are unremarkable.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are normal in color, size, and consistency.

DIGESTIVE SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 200 cc of bloody fluid. The gastric mucosa, small and large intestines, and rectum are unremarkable.

MUSCULOSKELETAL SYSTEM: The pelvis is without fracture. The musculature is normally distributed and unremarkable.

TOXICOLOGY:

Specimens are submitted to the toxicology laboratory. A separate report will be issued.

EVIDENCE:

Clothing and the bullets are submitted to the Police.

RADIOLOGY:

Radiographs are made and retained.



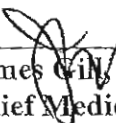
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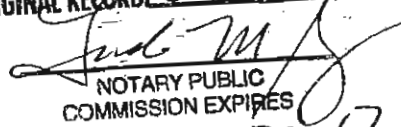
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PHOTOGRAPHY:

Postmortem photographs are made and retained.

This is a true statement of the postmortem findings upon the body of Richard aka Richard Paul Love.


James Gil, M.D.
Chief Medical Examiner
December 8, 2015

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Unless the Office of the Chief Medical Examiner is notified in writing, any tissue retained in the course of this case will be destroyed 3 years after the date of the autopsy. Specimens sent to other institutions for analysis are subject to the retention policies of that institution.



NMS Labs

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e-mail: nms@nmsslabs.com

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

Toxicology Report

Report Issued 10/28/2015 13:59

Patient Name NP
Patient ID 15-16220JG
Chain 11916384
Age 31 Y DOB 11/12/1983
Gender Male
Workorder 15311180

To: 10049
Connecticut Office of Chief Medical Examiner
Attn: Dr. James Gill
11 Shuttle Road
Farmington, CT 06032

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Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Levamisole, Cocaine, Benzoyfecgonine, Hydroxyzine, Diltiazem, Codeine - Free, Morphine - Free, 6-Monoacetylmorphine - Free.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Row 1: 10052B, Postmortem Toxicology - Expanded with Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)

Specimens Received:

Table with 5 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Rows 1-3: 001 Gray Top Tube, 002 Red Top Tube, 003 White Plastic Container.

All sample volumes/weights are approximations.

Specimens received on 10/15/2015.

Handwritten signature/initials

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Workorder 15311180
Chain 11916384
Patient ID 15-16220JG

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Levamisole	Positive	mcg/mL	0.25	001 - Peripheral Blood	LC/TOF-MS
Cocaine	540	ng/mL	20	001 - Peripheral Blood	GC/MS
Benzoyllecgonine	3500	ng/mL	50	001 - Peripheral Blood	GC/MS
Hydroxyzine	25	ng/mL	4.0	001 - Peripheral Blood	LC-MS/MS
Diltiazem	70	ng/mL	25	001 - Peripheral Blood	LC-MS/MS
Codeine - Free	38	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Morphine - Free	890	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
6-Monoacetylmorphine - Free	27	ng/mL	1.0	001 - Peripheral Blood	LC-MS/MS

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.

Reference Comments:

- 6-Monoacetylmorphine - Free (6-MAM; Heroin Metabolite) - Peripheral Blood:
6-monoacetylmorphine (6-MAM) is the 6-monoacetylated form of morphine, which is pharmacologically active. When present it is generally indicative of heroin (diacetylmorphine) use. 6-MAM has also been reported to occur as an artifact in samples with unusually high blood morphine concentrations. It may be present in both conjugated and unconjugated forms.

A healthy man administered 12 mg heroin intravenously achieved peak blood concentrations at two minutes post injection of 141 ng/mL of heroin and 151 ng/mL of 6-monoacetylmorphine and 41 ng/mL of morphine.

Eight subjects who died within fifteen minutes of heroin administration had free morphine concentrations of 360 ng/mL and 6-monoacetylmorphine concentrations of 19 ng/mL.
- Benzoyllecgonine (Cocaine Degradation Product) - Peripheral Blood:
Benzoyllecgonine is an inactive metabolite and chemical breakdown product of cocaine. Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off.
Benzoyllecgonine has a half-life of 6 to 10 hours. The average blood benzoyllecgonine concentration in 906 impaired drivers was 1260 ng/mL (range 5 - 17600 ng/mL). Benzoyllecgonine blood concentrations in patients admitted to an emergency room for cocaine related medical complaints were 1280 ng/mL (SD = 1290 ng/mL). Benzoyllecgonine concentrations in plasma following oral administration of 2 g/day of cocaine over 6 days, averaged 4900 ng/mL. The average blood benzoyllecgonine concentration in 37 cocaine related fatalities was 7900 ng/mL (range 700 - 31000 ng/mL).
- Cocaine - Peripheral Blood:
Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Cocaine is metabolized to the inactive compounds benzoyllecgonine, ecgonine methyl ester, and ecgonine. Benzoyllecgonine and ecgonine methyl ester can form from cocaine breakdown after death and even after sample collection. The average blood cocaine concentration in 906 impaired drivers was 87 ng/mL (range 5 - 2390 ng/mL). Blood cocaine concentrations in patients admitted to an emergency room for cocaine related medical complaints were 260 ng/mL (SD = 500 ng/mL). Cocaine concentrations in plasma following oral administration of 2 g/day over 6 days, averaged 1260 ng/mL. The average blood cocaine concentration in 37 cocaine related fatalities was 4600 ng/mL (range 40 - 31000 ng/mL).



Reference Comments:

4. Codeine - Free - Peripheral Blood:

Codeine is a DEA Schedule III narcotic analgesic with central nervous system depressant activity. An adult therapeutic regimen for codeine is 30 to 60 mg four to six times daily as needed. Morphine is a demethylated metabolite of codeine. Hydrocodone is also a reported metabolite of codeine. Reported peak plasma levels of codeine averaged 134 ng/mL at 1 hr. following a single 60 mg oral dose of codeine phosphate. Plasma morphine concentration reached a peak of 7 ng/mL.

Concentrations in excess of the therapeutic level may cause drowsiness and mental clouding including impairment of coordination, judgment, alertness and response time. Signs seen with excessive use of this substance may include hypotension, convulsions, coma and respiratory failure. Reported blood concentrations of free codeine in codeine-related fatalities range from 1000 - 8800 ng/mL.

5. Diltiazem (Cardizem®) - Peripheral Blood:

Diltiazem is a calcium channel blocking coronary vasodilator indicated for the treatment of variant, exertional and unstable angina. It is also used in arrhythmic and/or hypertensive therapy. Desacetyldiltiazem is an active metabolite of diltiazem. Divided doses up to 180 to 360 mg daily may be prescribed for angina.

Therapeutic blood levels of diltiazem appear to be in the range of 50 - 300 ng/mL. Numerous cases of diltiazem overdose have been reported. The majority of individuals who receive prompt treatment survive diltiazem overdose; however, death has been reported, especially in conjunction with other substances. Diltiazem has been found mixed with cocaine, either as a cutting agent or in an attempt to reduce cocaine-induced increased blood pressure. In a separate, small series of diltiazem related fatalities, the postmortem blood concentrations range from 4300 - 33000 ng/mL (mean 15000 ng/mL).

6. Hydroxyzine (Atarax®; Hydroxyzine Hydrochloride; Vistaril®) - Peripheral Blood:

Hydroxyzine is a piperazine-derivative antihistamine with central nervous system depressant activity. Therapeutically, the drug is used orally or by injection for a variety of conditions including the symptomatic management of anxiety, pruritus, and urticaria and as a sedative. In addition, hydroxyzine has been used for the management of agitation caused by acute alcohol withdrawal and to control motion sickness and nausea and vomiting of various etiologies. Hydroxyzine has been found mixed in with batches of illicit cocaine. Following a single oral dose of hydroxyzine between 25 and 100 mg, reported peak serum concentrations ranged from approximately 20 to 80 ng/mL. The metabolism of hydroxyzine has not been studied extensively in humans. However, it is known that norhydroxyzine and cetirizine (Zyrtec®) are two metabolites of hydroxyzine.

Toxic effects of hydroxyzine include tremor, drowsiness and dry mouth; overdosage produces central nervous system depression. In a fatal overdose case, a blood concentration of 39000 ng/mL was reported. The whole blood to serum or plasma ratio is not known for hydroxyzine.

7. Levamisole (Ergamisole®; Levasole®) - Peripheral Blood:

Levamisole is an imidazothiazole derivative used as a veterinary anthelmintic (worming agent) in animals. It was previously used as an immunomodulator in rheumatoid arthritis and as adjuvant therapy in the treatment of colorectal cancer but was withdrawn because of sometimes-fatal agranulocytosis. It is no longer available in North America for human use. However, from July-September 2008 approximately 30% of cocaine seized by the DEA was contaminated with levamisole. Levamisole was associated with irreversible agranulocytosis in patients taking it for therapeutic purposes and in five patients following consumption of cocaine tainted with levamisole.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

8. Morphine - Free (Codeine Metabolite) - Peripheral Blood:

Morphine is a DEA Schedule II narcotic analgesic. In analgesic therapy, it is usually encountered as the parent compound, however, it is also commonly found as the metabolite of codeine and heroin. In illicit preparations from which morphine may arise, codeine may be present as a contaminant. A large portion of the morphine is bound to the blood proteins or is conjugated; that which is not bound or conjugated is termed 'free morphine'. Hydromorphone is a reported metabolite of morphine.

In general, free morphine is the active biologic agent. Morphine has diverse effects that may include analgesia, drowsiness, nausea and respiratory depression. 6-monoacetylmorphine (6-MAM) is the 6-monoacetylated form of morphine, which is pharmacologically active. It is commonly found as the result of heroin use.



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Workorder 15311180
Chain 11916384
Patient ID 15-16220JG

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Reference Comments:

Peak serum concentrations occur within 10 to 20 minutes of a 10 mg/70 kg intramuscular dose, with an average concentration of 60 ng/mL 30 minutes following administration. IV administration of the same dose resulted in an average concentration of 80 ng/mL after 30 minutes. Chronic pain patients receiving an average of 90 mg (range 20 - 1460) daily oral morphine had average serum concentrations of 73 ng/mL (range 13 - 710) morphine. In 15 cases where cause of death was attributed to opiate toxicity (heroin, morphine or both), free morphine concentrations were 0 - 3700 ng/mL (mean = 420 +/- 940). In comparison, in cases where COD was unrelated to opiates (n=20) free morphine was 0 - 850 ng/mL (mean = 90 +/- 200). The ratio of whole blood concentration to serum or plasma concentration is approximately one.

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 15311180 was electronically signed on 10/28/2015 13:07 by:

Paul Miller,
Certifying Scientist

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.

Acode 10052B - Postmortem Toxicology - Expanded with Vitreous Alcohol Confirmation, Blood (Forensic) (CSA) - Peripheral

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

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

-Analysis by High Performance Liquid Chromatography/

Time ofFlight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included.

For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Acode 50014B - Cocaine and Metabolites Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzoylcegonine	50 ng/mL	Cocaine	20 ng/mL
Cocaehtylene	20 ng/mL		



CONFIDENTIAL

Workorder 15311180
Chain 11916384
Patient ID 15-16220JG

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Analysis Summary and Reporting Limits:

Acode 52442B - Hydroxyzine Confirmation, Blood (Forensic) - Peripheral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Hydroxyzine	4.0 ng/mL		

Acode 52447B - Diltiazem Confirmation, Blood (Forensic) - Peripheral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Diltiazem	25 ng/mL		

Acode 55033B - Opiates - Free (Unconjugated) Confirmation, Blood (Forensic) (CSA) - Peripheral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
6-Monoacetylmorphine - Free	1.0 ng/mL	Hydromorphone - Free	1.0 ng/mL
Codeine - Free	5.0 ng/mL	Morphine - Free	5.0 ng/mL
Dihydrocodeine / Hydrocodol - Free	5.0 ng/mL	Oxycodone - Free	5.0 ng/mL
Hydrocodone - Free	5.0 ng/mL	Oxymorphone - Free	1.0 ng/mL

STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
11 Shuttle Rd., Farmington, CT 06032-1939
Telephone (860) 679-3980 Fax: (860) 679-1257



FINGERPRINT IDENTIFICATION

Date: October 11, 2015

The body identified as Medical Examiner Case Number 15-16220 has been positively identified as Love, Richard (DOB 11/12/83) by comparison of fingerprints to pre-mortem records by The Connecticut State Police Bureau of Identification - Fingerprint Unit.

RECEIVED
STATE OF CONNECTICUT
15 OCT 16 AM 11:14
OFFICE OF THE CHIEF
MEDICAL EXAMINER

Jennifer Fanelli
Technician: Jennifer Fanelli

State Police Identification Technician 1

COUNTY OF HARTFORD
STATE OF CONNECTICUT
TRUE COPY OF THE ORIGINAL RECORD 15-16220
DATE 1-15-16 *[Signature]*
ss: at Farmington
NOTARY PUBLIC
COMMISSION EXPIRES
11-30-17

DSS-15-005112



Office of the Chief Medical Examiner E1516220

STATE OF CONNECTICUT

Office of the Chief Medical Examiner

11 Shuttlesworth Blvd., Hartford, CT 06103



Connecticut OCME



168496

Case No. 15-16220

Lab No.

Love, Richard

Autopsy on: 10/11/2015 at 09:12

Pathologist: James R. Gill, M.D.

Initials:

Specimen:

Container:

CASE # 15-16220 NAME _____

THE FOLLOWING MATERIAL WAS COLLECTED AND TRANSFERRED TO THE DIVISION OF SCIENTIFIC SERVICES, DEPARTMENT OF PUBLIC SAFETY IN A SINGLE SEALED CONTAINER.

EVERY SECTION MUST BE MARKED EITHER YES OR NO

SPECIMEN	YES	NO
BLOOD <i>card</i>	X	
FINGERNAIL CLIPPINGS		
ORAL SWAB		
ORAL SMEAR		
ANAL SWAB		
ANAL SMEAR		
VAGINAL SWAB		
VAGINAL SMEAR		
OTHER (Describe)		
OTHER (Describe)		
OTHER (Describe)		
OTHER (Describe)		

HAIRS	YES	NO
HEAD		
EYEBROW		
MOUSTACHE		
BEARD		
CHEST		
AXILLA		
ARM		
LEG		
PUBIC		
PUBIC COMBING		
OTHER (Describe)		
OTHER (Describe)		
OTHER (Describe)		
OTHER (Describe)		
OTHER (Describe)		

COLLECTED BY: Donna Mones

DATE 10/23/15

(Print and signature)

Donna Mones MD

DELIVERED BY: Blannon Pyle

DATE 10/23/15

(Print and signature)

COUNTY OF HARTFORD
STATE OF CONNECTICUT

ss: at Farmington

TRUE COPY OF THE ORIGINAL RECORD 15-16220

RECEIVED BY: _____

DATE 10/23/15

(Print and signature)

DATE 1-15-16

NOTARY PUBLIC
COMMISSION EXPIRES

11-30-17