

ADDENDUM TO REPORT OF THE LOUDON COUNTY GRAND JURY – August 9, 2021

The Loudon County Grand Jury heard testimony from a TBI Agent and others regarding an incident involving Loudon County Sheriff's Office deputies on February 3, 2021, at a residence located at 310 Waller Street in Lenoir City which was being occupied by Tracey Walter-Hensley. This incident was investigated by the Tennessee Bureau of Investigation (TBI) after a predication for the investigation of the incident as an Officer Involved Shooting (OIS) was issued by District Attorney General Russell Johnson.

The testimony and presentation to the Grand Jury by the lead TBI Agent and others is summarized hereinbelow:

The 310 Waller Street residence was the subject of a Loudon County Delinquent Property Tax Sale. John Missine was the successful bidder on this property at said tax sale that was held in October 2019. Hensley was one of the prior owners of the 310 Waller Street property. Hensley had been unsuccessful in trying to redeem the property within the one-year period of redemption afforded to her after the Order Confirming Sale was filed on November 6, 2019. Missine successfully petitioned the Loudon County Chancery Court for a Writ of Possession which was issued in early December 2020. Loudon County Sheriff's Office (LCSO) Deputy Craig Brewer is the deputy who normally serves process and writs for the LCSO.

Sometime after the writ was issued, but before February 3rd, Deputy Brewer had attempted to serve the Writ of Possession upon Hensley. Hensley refused to vacate or even accept service of the Writ of Possession, stating that she would essentially resist all law enforcement attempts to evict her. On February 3rd Brewer returned to the 310 Waller Street residence along with his shift supervisor LCSO Sgt. Brian Smith and LCSO Lt. Michael Watkins to effectuate the eviction of Hensley with the Writ of Possession.

Deputy Brewer had gathered information for the three-deputy team before returning to the residence, learning that Hensley might have a .380 Bersa handgun from a previous LCSO traffic-stop type of incident with Hensley. He knew that she had dog(s) that might be aggressive. He knew that she had possibly resisted law enforcement in the past as there had been a prior incident between Hensley at Lenoir City Police Department outside of her residence.

Both Brewer and Smith were armed with .40 caliber service handguns. Both had body worn cameras. Watkins had a taser, but no body worn camera as he was an officer not usually making arrests.

The three deputies entered the residence and were immediately confronted by a shepherd-type dog(s). Watkins activated his taser to make a clicking noise to scare away the dog(s). As they made their way into the residence, Hensley was determined to be in a back living area of the residence. Deputies continually announced their presence and eventually encountered Hensley verbally, then visually.

There is a minute or so of shouting back and forth between Hensley and deputies. Hensley is refusing to come out as deputies tell her that they have to serve the writ, that she has legal options to try and contest the eviction after they execute the writ and they plead with her to come out. Hensley is seen in a doorway armed with a handgun. Deputy Brewer dives for cover behind a bed. Hensley shoots. Brewer returns fire along with Smith. The deputies recover and they immediately shout out for "Tracey". Watkins had removed himself to get a rifle immediately before the 'shoot out'.

All three deputies retreat from the house calling out for Hensley, asking if she is hurt. They set up a perimeter, along with other local responding officers, until Blount SWAT is called and responds after a period of some time. SWAT takes over the perimeter and initially sets off a flash bang to see if Hensley will respond. There is no response so SWAT then sends in a remotely controlled robot with video which shows Hensley's body on the floor in the living area where deputies last saw her. SWAT then enters with EMS and determines that Hensley is deceased. SWAT and EMS withdraw. The Medical Examiner is called and confirms that Hensley is deceased. She appears to have a single gunshot wound to the head and one in her upper right arm.

The autopsy determines (see attached) that Hensley died as a result of a contact gunshot wound to the left side of her head above her ear. The shot travels at a downward angle towards the back, lower right side of her head. The wound characteristics confirm that it was a contact gunshot as there is a skin abrasion showing that the gun was directly in contact with her head. The autopsy report includes toxicology that determine there was methamphetamine and Buprenorphine in her system.

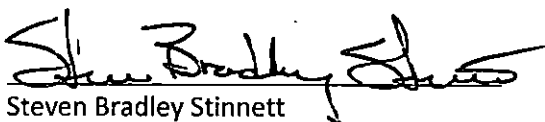
It is unable to be determined at what exact point between the confrontation and SWAT and EMS entering and finding Hensley deceased that she shot herself. It could have been almost immediately or sometime after. The deputies were outside and under stress of the event trying to call for back up, attempting to establish a perimeter and determine if Hensley was hurt, still inside the residence or outside of the residence. No other gunshot is heard or picked up on any video/audio.

The victim was armed with a .380 Ruger handgun that was sold in Florida in the 1990's. It is undetermined how the gun ended up in Hensley's possession. Hensley and both Deputies Brewer and Smither were using the same manufacture (Hornady) and type of ammunition which made forensic analysis somewhat difficult.

Based upon the totality of the circumstances of the situation, the video camera footage and the autopsy report, the Loudon County Grand Jury voted to accept District Attorney General Russell Johnson's determination that there was no need for further investigation or any criminal charges.

The Grand Jury was told about one of Hensley's daughter's written request to the District Attorney to try and prevent the release of the body worn camera video as she did not want to have to see the video on news media, social media or otherwise showing her mother's last moments.


END OF REPORT


Steven Bradley Stinnett
Foreman

08/11/2021

FILED
TIME 5:51 AM/PM

AUG 11 2021

STEVE HARRELSON
CIRCUIT COURT CLERK
 D.C.



KNOX COUNTY
Tennessee

KNOX COUNTY REGIONAL FORENSIC CENTER

2761 SULLINS STREET, KNOXVILLE, TN 37919

FAX: 865-215-8001

EMAIL: INV.KNOXRFC@KNOXCOUNTY.ORG

Demographic Information

Case number: 210203-503
Death County: Loudon
Last name: Walter-Hensley
First name: Tracey
Middle name: H
Race: White
Sex: Female
Age: 56 years 4 months 16 days
Date of birth: 09/18/1964

Address 1: 310 Waller Street
Address 2:
City: Lenoir City
State: Tennessee
County: Loudon
Zip: 37771

Background Information

Investigator notified: 2021-02-03 14:02
Notified by: Travis Estes, MDI
Facility: Knox County, TN
Authorized by: Amanda Eiriksson
ETA at Facility/FH:
Scene investigated ME: No
Scene investigated by LE: Yes
Officer: SA Luke Webb
Agency: Tennessee Bureau of Investigation
Incident #: Unknown

Date LKA: 02/03/2021
Time LKA: 09:39
Found dead:
911 call received:
Date of death: 02/03/2021 On
Time of death: 11:50
Pronounced: 02/03/2021 11:50
Scene arrival:
Scene departure:

First Responder

Name:
Agency:

Phone:
Relationship:

Next of Kin

Name: Hensley, Teresa
Address:
City:
State:
Zip:
Phone:

Relationship: Child
Notified: Yes, Kin at Scene
Notifying agency:
Date/Time notified:
Notified by:

Cause and Manner of Death

Reason for reporting: Homicide
Disposition: Sent to Autopsy Facility
Suspected COD: Gunfire

I hereby declare that after receiving notice of death described herein, I conducted an investigation regarding the cause of death in accordance with Section 38-7-109 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Authorization: ME/C ordered
RFC MDI: Megan Sharpe

DC signed by: Office of ME/C
DC signer:

In accordance with Tennessee Code Annotated 38-7-106, the accompanying body of Walter-Hensley, Tracey is the subject of an investigation by the medical examiner.

Authorizing Signature of Medical Examiner or Delegated Investigator:

Narrative Summary of Circumstances Surrounding Death

On February 3, 2021, at 1402, the Regional Forensic Center was contacted by Travis Estes, the Medicolegal Death Investigator for the Loudon County Medical Examiner's Office, who was calling to report the death of Tracey H. Hensley-Walter, DOB 09/18/1964.

The following narrative is a summary of the information obtained by RFC Investigator Eiriksson from Investigator Estes:

The decedent had a past medical history of unspecified drug abuse and the residence was noted to be under surveillance by the narcotics division for drug distribution. Glass pipes, likely for smoking both methamphetamine and marijuana, were found in the residence.

The decedent resided alone at 310 Waller Street in Lenoir City, Tennessee, and was served an eviction notice by three officers at 0939 on 02/03/2021. The decedent willingly let the officers into the residence then was witnessed to become agitated prior to retrieving a Ruger .380. The decedent shot at the officers twice before two officers, one standing and one sitting, shot at her at 0942. Nine rounds were fired from two Glock 22 .40 caliber service weapons. Blount County SWAT was on scene and threw flash bangs into the residence prior to allowing Priority Ambulance inside to confirm asystole. No resuscitative efforts were attempted. The decedent was found prone on the floor, lying on top of her handgun. Investigator Estes officially pronounced death on scene at 1150 on 02/03/2021. Of note, Tennessee Bureau of Investigation was leading the investigation and stated it would be multiple hours before the decedent could be removed from the scene. The decedent was later determined to have defects to the right humerus, with fractures palpated, and back left region of the head, leading investigators to believe the gunshot wound might be self-inflicted.

Minimal records have been obtained from the eHIN portal and the University of Tennessee Medical Center. The Controlled Substance Monitoring Database report did not have any recent prescriptions.

Due to the injuries from the gunshot wounds and law enforcement's involvement in the death, an autopsy was ordered by Dr. Bipinchandra Patel, the Loudon County Medical Examiner, and the decedent was transported to the Regional Forensic Center for an examination by a forensic pathologist. Special Agent Luke Webb with Tennessee Bureau of Investigation requested toxicology, trajectory, and weapon distance to determine if the wounds were self-inflicted or from the officers. He requested to be contacted with preliminary findings. He also stated he would provide scene photographs and the bodycam footage.

The investigative information provided in the above report is subject to change as new information becomes available.

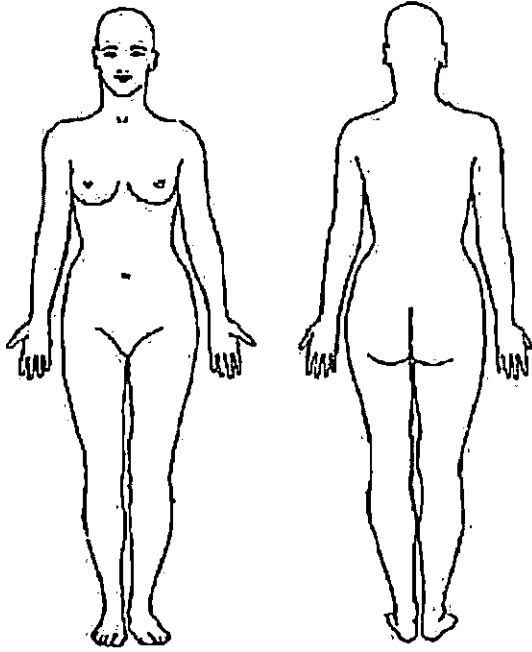
Postmortem Observations

Rigor:	Body location:	
Lividity A:	Body temperature:	
Lividity B:	Outside temperature:	Unknown
Position discovered:	Thermostat setting:	Unknown
Approx. height: 63 in	Thermostat reading:	Unknown
Approx. weight: 175 lbs	Room temperature:	Unknown
Injury to bowel:	Non-therapeutic needle marks:	

Suspected Medical Conditions

Drug Abuse

External Injuries and Descriptions





REGIONAL FORENSIC CENTER

KNOX COUNTY

2761 Sullins Street, Knoxville, TN 37919 • Phone: 865-215-8000 • Fax: 865-215-8001

AUTOPSY FINAL REPORT

Patient: **WALTER-HENSLEY, TRACEY**
DOB/Gender: 09/18/1964 (Age 56) F
Authorized by: Bipinchandra Patel, M.D.
Relationship to Patient: Loudon County Medical Examiner
Restrictions: None
Persons Attending Autopsy: None
Technician(s): Jessica Newcomb and Matt Lamb

Accession #: **210203-503**
Client: Loudon County
Date of Death: 02/03/2021
Time of Death: 1150 hours
Date of Autopsy: 02/04/2021
Time of Autopsy: 0835 hours
Reported: 04/29/2021

Narrative

According to the information received, Tracey Walter-Hensley was a 56-year-old woman with a history of drug abuse who was residing in a residence noted to be under surveillance by the narcotics division for drug distribution. On 02/03/2021, around 0939 hours, law enforcement officers arrived at the residence to serve an eviction notice. During the encounter, Ms. Walter-Hensley retrieved a firearm and fire shots from a back room of the home. Law enforcement returned fire, then retreated from the residence after Ms. Walter-Hensley failed to respond to verbal commands. Flash bangs were discharged by the SWAT team. Emergency medical personnel then entered to render aid. Ms. Walter-Hensley was found unresponsive on the floor with a firearm under her. Death was pronounced on scene.

The autopsy documented two gunshot wounds. A perforating, contact range, gunshot wound of the head entered the left side of the head and exited the back right side of the head. Lethal injuries of the scalp, skull, and brain were identified. Projectile fragments were recovered from the wound path. An indeterminate range, perforating gunshot wound of the right upper arm injured the soft tissue, muscle, and bone of the right upper arm. No projectiles or fragments were recovered from the wound path of the right arm.

Postmortem blood was sent to NMS Labs for toxicologic analysis. Toxicological testing detected methamphetamine and its metabolite amphetamine; buprenorphine and its metabolite norbuprenorphine; cotinine (a metabolite of nicotine); and caffeine. See separate report by NMS Labs.

Based on the autopsy findings and circumstances surrounding the death, as currently understood, the cause of death is listed as gunshot wound of head. The manner of death is classified as suicide.

A handwritten signature in cursive script, appearing to read "Lauren Havrilla".

Lauren Havrilla, DO
Board Certified Forensic Pathologist
Assistant Medical Examiner for Knox and Anderson Counties

Final Anatomic Diagnoses

- I. Perforating gunshot wound of head; contact range
 - A. Entrance: left side of head (temple region); muzzle abrasion and soot present
 - B. Exit: posterior right side of head
 - C. Path: left temporal scalp, left temporalis muscle, left temporal bone, brain, right side of occipital bone, and right posterior scalp
 - D. Associated findings: periorbital ecchymoses, skull fractures, subdural hemorrhage, subarachnoid hemorrhage, focal hemorrhage of cerebellum, cortical contusions, and visceral pallor
 - E. Recovery: projectile fragments recovered from wound path
 - F. Direction: rightward, backward, and downward

 - II. Perforating gunshot wound of right arm; indeterminate range
 - A. Entrance: medial right upper arm
 - B. Exit: distal posterior right upper arm
 - C. Path: subcutaneous tissue, muscle, and bone (humerus) of right upper arm
 - D. Recovery: no projectile or projectile fragments recovered; piece of fabric recovered from exit wound
 - E. Direction: rightward, backward, and downward

 - III. Coronary artery atherosclerosis, moderate
-

EXTERNAL EXAMINATION

The body is received in a zipped body bag labeled with an identification tag bearing the decedent's name. In addition, an identification tag bearing the decedent's name encircles the right ankle.

LENGTH: 63-3/4 inches

WEIGHT: 175 lbs

BODY MASS INDEX (BMI): 31.00 kg/m²

CONDITION: Intact

CLOTHING AND PERSONAL EFFECTS: The body is received clad in a blue plaid long sleeve buttoned up shirt, purple sweatshirt, black long sleeve shirt, black tank top, gray pants, black long underwear, purple underwear, two black socks, two blue socks, and two brown boots. Three white metal necklaces with various pendants and stones are around the neck. A black metal watch is on the left wrist. A white metal earring is in each earlobe. Contact lenses are in the eyes.

EVIDENCE OF MEDICAL THERAPY: None.

The body is that of a normally developed, well-nourished, fair-complexioned female appearing consistent with the listed age. The body is cold, well-preserved, and has not been embalmed. Rigor mortis is moderate in the jaw and extremities. Livor mortis is pink-purple, non-blanching, and in a posterior distribution.

The brown-gray, wavy scalp hair measures up to 15 inches in length. The irides are brown, the corneas clear, and the sclerae white. The bulbar and palpebral conjunctivae are free of petechiae. Each earlobe has a single piercing. The ears are normally formed and without drainage. The nose is intact and the nares unobstructed. The lips are normally formed. The oral mucosa is free of petechiae. The frenula are intact. The teeth are natural and in good condition. The neck is symmetrical and without evidence of injury.

The chest is normally formed, symmetrical, and without palpable masses. The abdomen is slightly protuberant, soft, and without palpable masses. The external genitalia are those of an adult female and are atraumatic. The back is straight and symmetrical. The anus is atraumatic.

The upper and lower extremities are symmetrical without amputation or edema. There is deformity of the right upper arm associated with a gunshot wound, see "EVIDENCE OF INJURY" section. No needle punctures, track marks, or ventral wrist scars are seen. The hands are dirty with brown-black debris on the palms. On the dorsal left hand, is a focal area of gray-black soot-like deposition, measuring up to 1/4 inches in greatest dimension. The fingernails are trimmed short and dirty. The toenails are trimmed short.

IDENTIFYING MARKS, SCARS, AND TATTOOS: On the left upper abdomen is a 1/2 inch linear, obliquely oriented scar.

EVIDENCE OF INJURY

PERFORATING GUNSHOT WOUND OF HEAD

Entrance: On the left side of the head, temple region, is a gunshot entrance wound centered 3-1/2 inches below the top of the head and 1-1/2 inches superior to the upper attachment of the left ear. It is a 1/4 inch diameter round defect with a 1/16 inch circumferential red marginal abrasion. Surrounding the wound is a patterned red-pink abrasion which is rounded along the anterior and inferior edge (up to 1/4 inch width) and squared off along the posterior and superior edge (up to 1/8 inch width), consistent with a muzzle abrasion. Soot is present along the inner edges of the wound and on the underlying bone. No stippling is associated with the wound.

Exit: On the right posterior scalp is a gunshot exit wound centered 4 inches below the top of the head and 2 inches to the right of midline. It is a 1-1/2 x 3/4 inch irregular lacerated and branching defect with edges that can be reapproximated.

Path: The hemorrhagic wound track sequentially perforates the left temporal scalp, left temporalis muscle, left temporal bone (round to irregular defect up to 3/8 inches in width with internal beveling), left temporal lobe of brain, midline structures of brain, right parietal and occipital lobe of brain, right side of the occipital bone (irregular defect up to 1 inch in greatest dimension with external beveling), and right posterior scalp.

Associated findings: Associated with the gunshot wound of the head are faint periorbital ecchymoses (right greater than left); skull fractures (left temporal bone, sphenoid bone, and occipital bone); diastatic fractures of the coronal, sagittal, and lambdoid sutures; subdural hemorrhage over left cerebral convexity; patchy subarachnoid hemorrhage of brain (left greater than right); focal hemorrhage of dentate nucleus of cerebellum; cortical contusions of the inferior temporal lobes of the brain; and visceral pallor.

Recovery: Yellow metal and red polymer fragments are recovered from the wound path. They are labeled as "fragments from the head" and retained as evidence.

Direction: The direction of the projectile's travel is rightward, downward, and backward with the body in standard anatomic position.

PERFORATING GUNSHOT WOUND OF RIGHT ARM

Entrance: On the medial right upper arm is a gunshot entrance wound centered 15 inches below the top of the head. It is a 1 x 1/2 inch elliptical defect with a 3/8 inch brown, partially dried eccentric marginal abrasion at the superior edge. No soot or gunpowder stippling is associated with the wound. Examination of the clothing reveals defects in the right sleeve of the shirts associated with this gunshot wound; however, no soot or gunpowder particles are identified.

Exit: On the distal posterior right upper arm is a gunshot exit wound centered 16-1/2 inches below the top of

the head. It is a 1-1/4 x 3/8 inch elliptical lacerated defect with edges that can be reapproximated.

Path: The hemorrhagic wound track sequentially perforates the subcutaneous tissue, muscle, and bone (humerus) of the right arm.

Recovery: Within the exit wound is a piece of fabric which is recovered, labeled as "fabric from right arm wound", and retained as evidence. No projectile or projectile fragments are recovered from the wound path.

Direction: The direction of the projectile's travel is rightward, backward, and downward with the body in standard anatomic position.

INTERNAL EXAMINATION

Body Cavities:

All injuries are previously described and not further characterized below. Visceral pallor is noted in association with the gunshot wounds, as previously mentioned.

The abdominal fat layer measures up to 4 cm in thickness. The body cavities contain no blood or excess fluid. The serosal surfaces are smooth, glistening, and without adhesions. The organs are normally located. The diaphragm is intact.

Tongue/Neck:

The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The cervical vertebrae have no displacement, hypermobility, or crepitus. There is no prevertebral soft tissue hemorrhage.

Cardiovascular system:

Heart weight: 390 grams

The heart has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. The right coronary artery and left anterior descending coronary artery each have approximately 50% atherosclerotic stenosis. The circumflex coronary artery is widely patent.

The myocardium is red-brown, firm, and uniform without focal softening or hyperemia. The anterior left ventricle has a focal, patchy fibrosis near the base of the heart. The ventricles are not dilated or hypertrophied. The thickness of the posterior wall of the right ventricle, posterior wall of the left ventricle, and interventricular septum measure 0.5 cm, 1.2 cm, and 1.5 cm, respectively.

The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial and ventricular septa are free of defects.

The aorta follows its usual course and has moderate atherosclerotic changes in the distal segment. There are no vascular anomalies or aneurysms. The venae cavae and pulmonary arteries are without thrombus or embolus.

Respiratory system:

Right lung weight: 250 grams

Left lung weight: 220 grams

The lungs have the usual lobation. The pleurae are smooth and glistening; the lungs have moderate to marked anthracotic pigment. The lungs are well expanded and crepitant. The parenchyma is dark red and exudes a moderate amount of fluid. The lower lobe of the right lung has a 1.0 x 1.0 x 0.7 cm tan-white, well circumscribed, calcified and partially necrotic nodule. The lungs have no consolidation, hemorrhage, infarct, gross fibrosis, or enlargement of air spaces. The airways are unobstructed, lined by smooth, pink-tan mucosa,

and contain no foreign materials.

Gastrointestinal system:

The esophagus and gastroesophageal junction are unremarkable. In the paraesophageal soft tissue is a 1.5 x 1.0 x 0.5 cm tan-white, well circumscribed, calcified and necrotic nodule. The stomach contains approximately 200 mL of thick white liquid. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

Hepatobiliary system:

Liver weight: 1360 grams

The intact hepatic capsule is smooth and glistening. The parenchyma is red-brown and uniform without mass, hemorrhage, yellow discoloration, or palpable fibrosis.

The gallbladder contains an estimated 5 mL of bile and no stones. Its mucosa is uniform, and the wall is not thickened.

Spleen:

Spleen weight: 100 grams

The splenic capsule is smooth and intact. The parenchyma is maroon, firm, and uniform.

Pancreas:

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

Urinary:

Right kidney weight: 90 grams

Left kidney weight: 100 grams

The kidneys have a normal shape and position. The cortical surfaces are smooth and red-brown. The kidneys have the usual corticomedullary structure. The pelves and ureters are not dilated or thickened. The urinary bladder contains approximately 25 mL of clear yellow urine. The mucosa is intact, and the bladder wall is not hypertrophied.

Reproductive:

The uterus, fallopian tubes, and ovaries are of expected size and have smooth serosal surfaces. The cervix is patent with a slit-like os. The myometrium is uniform, and the endometrium is tan. The sectioned ovaries are unremarkable. The vagina is unremarkable.

Endocrine:

The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown. The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow, and there is no hemorrhage or tumor. The pituitary gland is not enlarged.

Neurologic:

Brain weight: 1120 grams

The scalp, skull, and brain have injuries, as previously mentioned. The calvarium and base of the skull are otherwise normally configured. No epidural hemorrhage is seen.

The leptomeninges are glistening and transparent without underlying exudate. The intact portions of hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of the brain have no atherosclerotic changes or aneurysms.

Sections through the intact portions of cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi, and other internal structures are otherwise. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure.

Immunologic:

There is no enlargement of the lymph nodes of the neck, chest, or abdomen. The thymus is involuted.

Musculoskeletal system:

The musculoskeletal system is well-developed. The right humerus is fractured, as previously mentioned. There are no fractures of the clavicles, sternum, ribs, vertebrae, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm.

ADDITIONAL PROCEDURES

Identification: ID tag/visual.

Radiographs: Postmortem radiographs are taken.

Toxicology: Blood, vitreous fluid, and urine are submitted (see separate report). Frozen gastric contents, urine, bile, and blood are held for possible further studies.

Histology: No tissue cassettes are submitted.

Additional studies: Chemstrip® analysis of the vitreous fluid is negative for either ketones or glucose. Small representative sections of major organs and tissue are retained in formalin for possible further studies. A DNA blood card is prepared and retained.

Evidence: The following are retained as evidence under chain of custody for the investigating agency:

- DNA blood card
- Right fingernail clippings and clipper
- Left fingernail clippings and clipper
- Clothing
- Personal effects
- Fabric from right arm wound
- Fragments from head



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 02/24/2021 14:04

Patient Name Hensley-Walter Tracey H
Patient ID 210203-503
Chain 210203-503
Age 56 Y DOB 09/18/1964
Gender Female
Workorder 21041223

To: 10511
Knox County Medical Examiner's Office
Attn: Ellie Sanders
2761 Sullins Street
Knoxville, TN 37919

Page 1 of 5

Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Caffeine, Cotinine, Buprenorphine - Free, Norbuprenorphine - Free, Amphetamine, and Methamphetamine.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Row: 8052B Postmortem, Expanded, Blood (Forensic)

Specimens Received:

Table with 6 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Labeled As. Rows 001-005.

All sample volumes/weights are approximations.
Specimens received on 02/05/2021.



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Workorder 21041223
Chain 210203-503
Patient ID 210203-503

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	0.20	001 - Femoral Blood	LC/TOF-MS
Cotinine	Positive	ng/mL	200	001 - Femoral Blood	LC/TOF-MS
Buprenorphine - Free	1.0	ng/mL	0.50	001 - Femoral Blood	LC-MS/MS
Norbuprenorphine - Free	1.1	ng/mL	0.50	001 - Femoral Blood	LC-MS/MS
Amphetamine	36	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Methamphetamine	130	ng/mL	5.0	001 - Femoral 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:

1. Amphetamine - Femoral Blood:

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Buprenorphine - Free (Buprenex®) - Femoral Blood:

Buprenorphine is a Schedule III controlled synthetic opioid that has both analgesic and opioid antagonist effects. Clinically it is used for pain treatment and as a pharmacotherapy for opioid dependence. Because buprenorphine has mixed agonist-antagonist activity, there is a ceiling to the subjective and adverse effects of the drug. Buprenorphine is metabolized in the liver by N-dealkylation to norbuprenorphine and both buprenorphine and norbuprenorphine undergo glucuronide conjugation.

Sublingual tablets are commonly prescribed as a combination of buprenorphine and naloxone to discourage intravenous administration. Typical doses are 12 to 16 mg buprenorphine per day, although higher doses can be prescribed. Maximum plasma buprenorphine concentrations in patients maintained on varying buprenorphine doses were:

2 mg/day: 0.3 +/- 0.1 ng/mL
16 mg/day: 6.3 +/- 0.9 ng/mL
32 mg/day: 13 +/- 4.2 ng/mL

Symptoms of overdose include confusion, dizziness, respiratory depression and lethargy. While buprenorphine is well tolerated, even at high doses, fatal interactions with benzodiazepines have been reported. In 20 fatalities where buprenorphine was detected, blood concentrations were 1.1 - 29 ng/mL (mean=8.4 ng/mL). Other drugs were present in 19 cases, 18 of which were positive for benzodiazepines, primarily nordiazepam. The blood to plasma ratio of buprenorphine is approximately 1.0 - 1.4.

**Reference Comments:**

3. Caffeine (No-Doz®) - Femoral Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

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

4. Cotinine (Nicotine Metabolite) - Femoral Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

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

5. Methamphetamine - Femoral Blood:

d-Methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-Methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

6. Norbuprenorphine - Free (Buprenorphine Metabolite) - Femoral Blood:

Buprenorphine is metabolized in the liver by N-dealkylation to norbuprenorphine and both buprenorphine and norbuprenorphine undergo glucuronide conjugation. Maximum plasma norbuprenorphine concentrations in patients maintained on varying buprenorphine doses were:

2 mg/day: 0.7 +/- 0.2 ng/mL
16 mg/day: 5.4 +/- 1.3 ng/mL
32 mg/day: 14 +/- 2.9 ng/mL

In 20 fatalities where buprenorphine was detected, blood concentrations of norbuprenorphine were 0.2 - 13 ng/mL (mean=2.6 ng/mL). Other drugs were present in 19 cases, 18 of which were positive for benzodiazepines, primarily nordiazepam. The blood to plasma ratio for norbuprenorphine is not known.

Sample Comments:

001 Physician/Pathologist Name: Lauren Havrilla

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.



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Workorder 21041223
Chain 210203-503
Patient ID 210203-503

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Workorder 21041223 was electronically signed on 02/24/2021 13:05 by:

Erik Flail, B.A.
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 52198B - Cannabinoids Confirmation, Blood - Femoral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
11-Hydroxy Delta-9 THC	1.0 ng/mL	Delta-9 THC	0.50 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 52407B - Synthetic Opioids - Free (Unconjugated) Confirmation, Blood - Femoral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine - Free	0.50 ng/mL	Nalbuphine - Free	0.50 ng/mL
Butorphanol - Free	0.50 ng/mL	Norbuprenorphine - Free	0.50 ng/mL

Acode 52483B - Amphetamines Confirmation, Blood - Femoral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	5.0 ng/mL	Methamphetamine	5.0 ng/mL
Ephedrine	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
MDA	5.0 ng/mL	Phentermine	5.0 ng/mL
MDEA	5.0 ng/mL	Phenylpropanolamine	20 ng/mL
MDMA	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Femoral Blood

-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	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/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



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Analysis Summary and Reporting Limits:

-Analysis by High Performance Liquid Chromatography/Time of Flight-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, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.