

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



May 28, 2020

Matthew Gedansky, Esq.
State's Attorney - Tolland J.D.
20 Park Street, PO Box 270
Rockville, CT 06066

Town: Manchester

County: Hartford

Dear Attorney Gedansky:

Enclosed please find a copy of the requested reports on the following case(s):

CASE NUMBER	NAME OF DECEASED	DATE OF DEATH
20-06487	Jose Enrique Soto	04-02-2020

Please note: The Hartford State's Attorney's Office has informed us that you are handling this case. Please contact either office if you have any questions regarding the receipt of this report.

Sincerely,

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

rm



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

M.E. CASE NUMBER: 20-06487-Soto, Jose Enrique

Date of Death: 04/02/2020
County of Death: Hartford
Autopsy Performed By: Gregory A. Vincent, M.D.

Time of Death: 10:10 P.M.
City of Death: Hartford
Autopsy Date: 04/03/2020

FINAL DIAGNOSES

- I. Penetrating Rifle Wound of Right Neck
 - A. Injuries of Right Subclavian and Internal Jugular Veins
 - B. Rib Fractures
 - i. Right Hemothorax (Approximately 200 cc)
 - ii. Status-Post Thoracotomy
 - C. Projectile Fragments Recovered

- II. Two (2) Penetrating Rifle Wounds of Chest
 - A. Injuries of Skeletal Muscle
 - B. Projectile Fragments Recovered
 - C. Superficial Penetrating Injuries, Chest (Comment: Consistent With Secondary Missile Injury)

- III. Perforating Rifle Wound of Left Ear
 - A. No Vital Injury

- IV. Abrasions of Left Knee (Comment: History of Dog Bite) and Abdomen

CAUSE OF DEATH:

RIFLE WOUND OF NECK AND TORSO

MANNER OF DEATH:

HOMICIDE (SHOT BY POLICE)



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

M.E. CASE NUMBER: 20-06487-Soto, Jose Enrique

REPORT OF AUTOPSY

I hereby certify that I, Gregory A. Vincent, M.D., Associate Medical Examiner, have performed an autopsy on the body of Jose Enrique Soto on the 3rd of April, 2020, commencing at 12:00 P.M. in the mortuary of the Office of the Chief Medical Examiner of the State of Connecticut. This autopsy was performed in the presence of Drs. Evangelista, Straub, and White and attended by a Detective Koepfel of the Western District Major Crime Division of the Connecticut State Police.

EXTERNAL EXAMINATION:

The body is received in the supine position in a white plastic body bag. The body is of a well-developed, well-nourished, average-framed, 5' 9", 165 lb lightly-pigmented Hispanic man (Body Mass Index: 24.4) whose appearance is consistent with the given age of 27 years. The wavy black scalp hair measures up to approximately 2". The mustache and beard measure up to ½" and 1-½", respectively. The nose and facial bones are palpably intact. The eyes have brown irides and the conjunctivae are without hemorrhage, petechiae, or jaundice. The oral cavity has natural dentition and is atraumatic with good hygiene. The chest and back are unremarkable. The abdomen is soft and flat. The external genitalia are of a normal uncircumcised adult man. The anus is unremarkable. The extremities are normally developed. There is a ¾" x ¼" hyperpigmented mark of the lateral right neck. There is a 6-½" x ½" curvilinear, hypopigmented, well-healed scar of the back of each ankle extending onto the lateral aspect of each foot. There is a professional monochromatic tattoo of "Jayson" in a stylized script of the ventral left forearm and a tattoo of a Kanji character of the back of the neck.

POST-MORTEM CHANGES:

There is moderate symmetrical rigor mortis of the upper and lower extremities, neck, and jaw. Lividity is purple, faint, fixed, and posterior. The body is cool to the touch.

THERAPEUTIC PROCEDURES:

There is an appropriately placed endotracheal tube held in place with a strap, an intraosseous catheter of the left tibia, appropriately placed electrocardiograph leads, intravenous catheters in the right inguinal region and the left antecubital fossa, a pulse oximeter lead on the left index finger, an intraosseous catheter in the left tibia, and a hospital identification bracelet on the left wrist. There is an 18" x 3-¼" thoracotomy incision extending through the fourth intercostal space.

CLOTHING:

The body is not clad. There are brown paper bags covering the hands.



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

M.E. CASE NUMBER: 20-06487-Soto, Jose Enrique

INJURIES:

There is a perforating gunshot wound of the right neck and two perforating gunshot wounds of the chest with associated injuries. These injuries will be labeled "A" through "D" for descriptive purposes only; no sequence is implied. All measurements are given in relation to normal anatomic planes with the body in the supine position.

A. PERFORATING RIFLE WOUND OF LEFT EAR:

ENTRANCE: There is an entrance gunshot wound of the pinna of the left ear, centered 4- $\frac{3}{4}$ " below the top of the head and 3- $\frac{1}{4}$ " left of the midline. It is a $\frac{1}{8}$ " x $\frac{1}{8}$ " perforating wound with a circumferential rim of red abrasion measuring up to $\frac{1}{8}$ ". There are red abrasions of the surrounding skin measuring up to $\frac{1}{8}$ ". There is no fouling or stippling of the surrounding skin.

WOUND TRACK: There is perforation of the skin and cartilage of the left pinna. There is minimal hemorrhage along the wound track.

EXIT: There is a gunshot exit wound of the posterior left pinna, centered 4- $\frac{3}{4}$ " below the top of the head and 3- $\frac{1}{4}$ " left of the midline. It is a $\frac{3}{8}$ " x $\frac{1}{8}$ " slit-like wound without fouling, stippling, or abrasion of the surrounding skin.

B. PENETRATING RIFLE WOUND OF RIGHT NECK:

ENTRANCE: There is a gunshot entrance wound of the right neck, centered 9- $\frac{3}{4}$ " below the top of the head and 1- $\frac{1}{4}$ " right of the midline. It is a $\frac{3}{8}$ " x $\frac{1}{4}$ " punched-out wound with dry, dark red, focally abraded edges measuring up to $\frac{1}{4}$ " at the 12 o'clock position. There is no fouling or stippling of the surrounding skin. There is a 1- $\frac{1}{4}$ " x 1" eccentric purple ecchymosis around the wound measuring up to 1" at the 9 o'clock position and $\frac{1}{8}$ " at the 3 o'clock position. There is a 2" x 1" area of parallel, linear, red-orange abrasions of the lateral right neck, upper chest, and clavicular area centered approximately 2- $\frac{1}{4}$ " from the wound at the 8 o'clock position.

WOUND TRACK: The wound track sequentially involves the skin and soft tissues of the right neck and upper chest, the right subclavian vein and the right internal jugular vein at their confluence, the apex of the pleural cavity, the right upper lobe of the lung creating a 1- $\frac{1}{2}$ " perforation and hemorrhage of the parenchyma, the posterior aspects of the right third and fourth ribs with fracture, and the skeletal musculature of the right back. There is marked hemorrhage along the wound track with approximately 200 cc of fresh blood in the right pleural cavity.

SITE OF LODGMENT: The projectile fragments are lodged in the skeletal musculature of the right back, centered 15- $\frac{1}{2}$ " below the top of the head and 1- $\frac{3}{4}$ " right of



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

M.E. CASE NUMBER: 20-06487-Soto, Jose Enrique

the midline. There is a $\frac{3}{8}$ " x $\frac{1}{2}$ " blue contusion of the skin of the upper right back with hemorrhage involving the palpable subcutaneous fragments.

PROJECTILE FRAGMENTS: Markedly distorted fragments of orange and grey metal are photographed, packaged, sealed, and submitted to Det. Koepfel.

COURSE AND DIRECTION: The course and direction of this wound track is from front to back, left to right, and downward.

C. PENETRATING RIFLE WOUND OF RIGHT CHEST:

ENTRANCE: There is a rifle entrance wound of the right chest, centered 14- $\frac{1}{4}$ " below the top of the head and 4" right of the midline. It is a 1" x $\frac{1}{2}$ " punched-out wound with a beveled area of subcutaneous tissue measuring up to $\frac{1}{2}$ " from the 8 o'clock to 11 o'clock positions. There is no fouling or stippling of the surrounding skin.

WOUND TRACK: The wound track involves the skeletal musculature of the chest. There is moderate hemorrhage along the wound track.

SITE OF LODGMENT: The site of lodgment is in the skeletal muscle of the right chest.

PROJECTILE FRAGMENTS: Distorted fragments of orange metal are photographed, packaged, sealed, and submitted to Det. Koepfel.

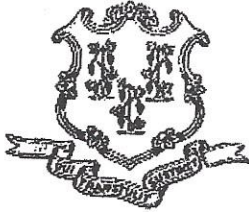
COURSE AND DIRECTION: The course and direction of this wound track is from front to back, right to left, and downward.

D. RIFLE WOUND OF RIGHT CHEST:

ENTRANCE: There is a gunshot entrance wound of the right chest, centered 14- $\frac{1}{4}$ " below the top of the head and 1" right of the midline. It is a 3- $\frac{1}{4}$ " x 1- $\frac{1}{2}$ " gaping wound with irregular edges and a circumferential rim of red abrasion measuring up to $\frac{3}{4}$ " at the 9 o'clock position and 1- $\frac{1}{4}$ " at the 1 o'clock position. There is no fouling or stippling of the surrounding skin.

WOUND TRACK: The wound track penetrates the skeletal musculature of the chest. There is moderate hemorrhage along the wound track. There are fragments of distorted grey metal recovered along the wound track.

SITE OF LODGMENT: The site of lodgment is in the skeletal musculature of the lateral left chest and axilla.



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

M.E. CASE NUMBER: 20-06487-Soto, Jose Enrique

PROJECTILE FRAGMENTS: Distorted fragments of grey metal are photographed, packaged, sealed, and submitted to Det. Koepfel.

COURSE AND DIRECTION: The course and direction of this wound track is from front to back, right to left, and downward.

- E. SUPERFICIAL DEFECT OF RIGHT CHEST:** There is a $\frac{1}{4}$ " x $\frac{1}{4}$ " punched-out, superficial defect of the right chest with a circumferential rim of red abrasion measuring up to $\frac{1}{8}$ " at 8 o'clock position and centered 14" below the top of the head and 5- $\frac{1}{4}$ " right of the midline. There is no fouling or stippling of the surrounding skin. There is minimal hemorrhage along the wound track.
- F. SUPERFICIAL DEFECT OF RIGHT CHEST:** There is a $\frac{3}{16}$ " x $\frac{1}{8}$ " punched-out, superficial defect of the right chest, centered 16" below the top of the head and 5- $\frac{1}{2}$ " right of the midline without abrasion of the edges or fouling or stippling of the surrounding skin. There is minimal hemorrhage along the wound track.
- G. SUPERFICIAL INJURY OF CHEST:** There is a $\frac{1}{4}$ " x $\frac{1}{16}$ " superficial, slit-like wound overlying the sternum, centered 16" below the top of the head and 1- $\frac{1}{4}$ " right of the midline. There is no fouling or stippling of the surrounding skin. There is minimal hemorrhage along the wound track.
- H. BLUNT INJURY OF ABDOMEN:** There is a $\frac{1}{4}$ " x $\frac{1}{8}$ " red abrasion of the left upper quadrant of the abdomen.
- I. ABRASIONS OF THE LEFT KNEE:** There is an 8" x 6" area of dry, linear and curvilinear, red-orange abrasions measuring from $\frac{1}{4}$ " to 3" centered 20- $\frac{1}{2}$ " above the left heel.

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

INTERNAL EXAMINATION:

BODY CAVITIES: The organs are in their normal situs. The pericardial cavity has been previously opened. There are focal fibrous adhesions between the heart and the pericardium. The pleural cavities have been previously opened. The peritoneal cavity contains a normal amount of serous fluid and is without hemorrhage or adhesion. The abdominal wall pannus is 1- $\frac{1}{2}$ " thick.

HEAD: The scalp has no contusion. The skull and dura are intact. The brain weighs 1390 gm and is normal size and shape. The cerebral hemispheres are symmetrical with the usual pattern of sulci and gyri. The leptomeninges are thin and clear. The cerebral vessels are without



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11 Shuttle Road, Farmington, CT 06032

M.E. CASE NUMBER: 20-06487-Soto, Jose Enrique

atherosclerosis or aneurysm. The cranial nerves are normally distributed. The white and grey matter, deep nuclei, and ventricles are unremarkable. There are no focal lesions. The brainstem and cerebellum are unremarkable.

NECK: The cervical vertebrae, hyoid bone, and tracheal and laryngeal cartilages are without trauma. The upper airway is patent. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 350 gm and has a normal distribution of right predominant coronary arteries without atherosclerotic stenosis. There is no recent thrombus. The myocardium is homogeneous, dark red, and firm without pallor, hemorrhage, softening, or fibrosis. The left ventricle wall is 1.4 cm thick and the right ventricle wall is 0.3 cm thick. The endocardial surfaces and four cardiac valves are unremarkable. The aorta has slight atherosclerosis which comprised of fatty yellow streaks of the intimal surface. The venae cavae and pulmonary arteries are patent.

RESPIRATORY SYSTEM: Each lung weighs 300 gm. The red-purple parenchyma is spongy and without masses, consolidation, or obstruction. The bronchi are unremarkable.

LIVER, GALLBLADDER, PANCREAS: The liver weighs 1780 gm and has an intact capsule. The soft brown parenchyma is without fibrous texture. The gallbladder contains approximately 10 cc of dark green liquid bile without stones. The pancreas is unremarkable in lobulation, color, and texture.

HEMIC AND LYMPHATIC SYSTEMS: The spleen weighs 100 gm and has an intact, grey-purple, slightly wrinkled capsule. The color, red and white pulp, and consistency are unremarkable. There are no enlarged lymph nodes.

GENITOURINARY SYSTEM: The right kidney weighs 100 gm and the left kidney weighs 120 gm. Each kidney has a smooth red-brown surface with an unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable urinary bladder containing approximately 10 cc of yellow urine. The prostate is not enlarged. The testes are unremarkable.

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

DIGESTIVE SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 250 cc of thick tan fluid with fragments of partially-digested organic material. The gastric mucosa, small intestine, and large intestine are unremarkable. The vermiform appendix is unremarkable.



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

M.E. CASE NUMBER: 20-06487-Soto, Jose Enrique

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, and pelvis are without fracture. The musculature is normally distributed and unremarkable.

TOXICOLOGY:

Blood, vitreous, urine, liver, brain, and gastric content specimens are submitted for toxicologic analysis. A separate report will be issued.

FORENSIC BIOLOGY:

Blood, fingernail, and hair specimens are submitted to the State of Connecticut Division of Scientific Services.

POST-MORTEM RADIOGRAPHY:

Post-mortem radiographs are taken, examined, and retained. They exhibit a number of variably sized radio-opaque objects in the torso.

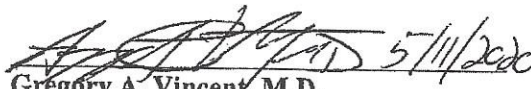
PHOTOGRAPHY:

Post-mortem photographs are taken and retained.

EVIDENCE:

The projectile fragments and the bags covering the hands are submitted to Det. Koepfel of the Western District Major Crimes Division of the Connecticut State Police Department.

This is a true statement of the postmortem findings upon the body of Jose Enrique Soto.


Gregory A. Vincent, M.D.
Associate Medical Examiner
May 11, 2020

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

CONFIDENTIAL

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

Toxicology Report

Report Issued 04/21/2020 16:02

Patient Name NP
Patient ID 20-06487G
Chain 20118350
Age 27 Y DOB Not Given
Gender Male
Workorder 20118350

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

Page 1 of 3

Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Delta-9 Carboxy THC (28 ng/mL) and Delta-9 THC (16 ng/mL), both from Femoral Blood.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Row 1: 10051B, Postmortem, Basic w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA)

Specimens Received:

Table with 6 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Rows 1-3: 001 Gray Top Tube (6.75 mL, Not Given, Femoral Blood), 002 Red Top Tube (4.5 mL, Not Given, Vitreous Fluid), 003 White Plastic Container (10 mL, Not Given, Urine)

All sample volumes/weights are approximations.

Specimens received on 04/10/2020.



CONFIDENTIAL

Workorder 20118350
Chain 20118350
Patient ID 20-06487GV

Page 2 of 3

Detailed Findings:

Table with 6 columns: Analysis and Comments, Result, Units, Rpt. Limit, Specimen Source, Analysis By. Rows include Delta-9 Carboxy THC and Delta-9 THC.

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. Delta-9 Carboxy THC (Inactive Metabolite) - Femoral Blood: Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC.
2. Delta-9 THC (Active Ingredient of Marijuana) - Femoral Blood: Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

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 20118350 was electronically signed on 04/21/2020 15:29 by:

[Handwritten signature]

Kristopher W. Graf, M.S.
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 10051B - Postmortem, Basic w/Vitreous Alcohol Confirmation, Blood (Forensic) (CSA) - Femoral Blood

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

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists Amphetamines, Barbiturates, Benzodiazepines, Buprenorphine / Metabolite, Cannabinoids, Cocaine / Metabolites.



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Workorder 20118350
Chain 20118350
Patient ID 20-06487GV

Page 3 of 3

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Fentanyl / Acetyl Fentanyl	0.50 ng/mL	Opiates	20 ng/mL
Methadone / Metabolite	25 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Methamphetamine / MDMA	20 ng/mL	Phencyclidine	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

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	2.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	10 ng/mL		



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
BUREAU OF IDENTIFICATION



To: Office Of The Chief Medical
EXAMINER

Date: April 3, 2020

A comparison of the fingerprints on the below standards has been made to determine the number and similarity of the characteristics as well as to determine if they occupy the same relevant position and area in each fingerprint. This resulted in a positive identification. All standards were made by the same individual. The examination was performed by Connecticut State Police Department Fingerprint Technician 1 Gary Krock GK.

Standard "A"

Fingerprints of Subject: Soto, Jose DOB: 11/23/1992

CSP ID # N/A Arrested on: N/A

Standard: A set of fingerprints e-mailed by the Office of the Chief Medical Examiner on a decedent fingerprint card dated 4/3/2020 case# 20-06487.

Standard "B"

Fingerprints of Subject: Soto, Jose Enrique DOB: 11/23/1992

CSP ID # 1092224 Arrested on: 9/10/2010

Standard: A fingerprint arrest card from Manchester P.D.
UAR# 8561269 P.D. case# M201011093.

Sincerely,

Paul Michael Mounts, Fingerprint Unit Supervisor
DESPP, Connecticut State Police Department

Page 1 of 1

Phone: (860) 685-8480 Fax: (860) 685-8361
1111 Country Club Road
Middletown, CT 06457-2389

An Affirmative Action/Equal Opportunity Employer

RECEIPT OF EVIDENCE/OUT

ME-110.2 (Revised 01/2016)

State of Connecticut
 Office of the Chief Medical Examiner
 11 Shuttle Road, Farmington, Connecticut 06032
 (860)679-3980

M.E. Case No.

20-06487

Other Agency Case No.

CFS2000146635

Name of Deceased:	
Jose Soto	
Item No.	DESCRIPTION OR BULLET MARKED
1.	Projectile fragments
2.	Right and left hand bags

RECEIVED	04/03/2020	At (Time) 3:02PM	From (Pathologist) Gregory Vincent, M.D.
	By (Title, Name) Det. Catherine Koeppel	(Agency) Major Crime Western District Major Crime Squad	(Signature) <i>Det. C. Koeppel #1441</i>
I, the above signed, certify that I have received the above listed items from the Office of the Chief Medical Examiner on the date and time indicated for the deceased named above.			

Prepared by:

COMPLETION INSTRUCTIONS:

1. Complete as required.
2. Make one copy for the Police Department.
3. Keep original for case file.



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

Connecticut OCME



Case No: **20-06487**

Case No:

Solo, Jose

Police Case No: CFS2000146635

Autopsy on: 4/3/2020 at 12:00

Pathologist: Gregory Vincent, M.D. *GV*

Container:

CASE # _____ NAME _____

THE FOLLOWING MATERIAL WAS COLLECTED
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FINGERNAIL CLIPPINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORAL SWAB	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ORAL SMEAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ANAL SWAB	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ANAL SMEAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VAGINAL SWAB	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VAGINAL SMEAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CT100A kit	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

HAIRS	YES	NO
HEAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EYEBROW	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOUSTACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BEARD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AXILLA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARM	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LEG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBIC COMBING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Office of the Chief Medical Examiner E20064876V



DSS-20-001805

COLLECTED BY: Dr. Vincent A. Vincent MD;

DATE 4/3/2020 (Print and signature)

DELIVERED BY: John Robert Davis

DATE 4/7/20 (Print and signature)

RECEIVED BY: Gregory Vincent

DATE 4/7/2020 (Print and signature)