State of California
County of Sonoma

In the Matter of the Investigation of the Death of)	Before
)	
)	
TERRY LEE GRINNER, JR.)	
)	
)	**Bill Cogbill**
Deceased)	**Sheriff-Coroner**

*I, Bill Cogbill, Sheriff-Coroner of the County of Sonoma, State of California, in Santa Rosa, on the **12th** day of **April, 2005**, having made investigation into the cause of death of **Terry Lee Grinner, Jr.** according to law, and after hearing the testimony adduced, do say:*

*That I find that the deceased was named **Terry Lee Grinner, Jr.**, was a native of **California,** aged about **30** years; and that **he** came to **his** death on the **28th** day of **January, 2005** at **Santa Rosa Memorial Hospital, 1165 Montgomery Drive, Santa Rosa** , in the County of Sonoma, State of California, by:*

Penetrating Gunshot Wound of Torso

*All of which I certify by this investigation in writing by me, signed this **12th** day of **April, 2005.***

Sheriff-Coroner of the County of Sonoma,
State of California

SONOMA COUNTY SHERIFF'S DEPARTMENT

2796 Ventura Avenue
Santa Rosa, CA 95403 (707) 565-5070

SONOMA COUNTY SHERIFF-CORONER INVESTIGATIVE REPORT

☑ Case ☐ No Case | **INVESTIGATION INFORMATION** | CASE NUMBER: 05-0141

DATE RECEIVED: 1/29/2005 | TIME RECEIVED: 00:15 | REPORTED BY: Det. Sgt. W. Wallman, SCSD

☐ Natural ☑ Homicide ☐ Suicide ☐ Teen Suicide ☐ Accident ☐ Undetermined ☐ SIDS ☐ Work Related ☐ Indigent

☐ DomesticViolence ☐ Under 14 Yrs. ☐ Out of County ☑ Hospital Less Than 24 Hrs ☐ Residence ☐ Home Hospice

Hospital: ☑ E.D. ☐ O.R./Recovery ☐ ICU ☐ In Patient ☐ Lic. Care Fac. ☐ SDC ☐ Other Location ☑ Autopsy

☐ Inspection ☐ Private Post ☐ Contract Removal ☑ Det. Response ☑ X-Rays ☐ Donor ☑ Tox

PERSONAL INFORMATION

Decedent's Name: (First): TERRY (Middle): LEE (Last): GRINNER, JR.

DOB: [redacted] | Age: 30 | Race: Black | Sex: M | Hair: | Eyes: | SSN: [redacted]

Driver's Lic. #: [redacted] | State: CA | Other I.D.: [redacted]

Address: [redacted] 6th Street | City: Santa Rosa | State: CA | Phone Number:

Occupation: Musician | Marital Status: Never Married

Next of Kin: [redacted] | Address: [redacted] 8th Street, Santa Rosa, CA 95401 | Phone: [redacted]

Relationship [redacted] | Date notified: 01/29/2005 | Time notified 0630 | Notified by: Det. Mancilla & Det. Lawrence

DEATH INFORMATION

Date: 1/28/2005 | Time: 2326 | Location: Santa Rosa Memorial Hospital | Address: 1165 Montgomery Drive | City Santa Rosa

☐ Found ☑ Pronounced dead by: Dr. David Hardin

Address: 1165 Montgomery Drive | City: Santa Rosa | State: CA | Phone (707) 525-5207

Last seen or known alive, date: time:

If injury, date: time: | Place:

Witness(es) to injury:

Jurisdiction: Sonoma County Sheriff's Department | Representative: Violent Crimes Investigation Unit | Case #: 050129-001

SCENE INFORMATION

Arrival date: 01/29/3005 | time: 0050 | ☐ No Response | Temp/Weather cond.

Condition of scene:

Hospital trauma room

Position and condition of body: Supine on hospital gurney, large incision to left side of chest with chest tube in place, intubation tube in place, large bore line in right femoral area, decedent's hands had GSR and prints taken by Crime Scene Investigation Det. Sgt. Dunn, both hands were then bagged by Det. Sgt. Dunn

Identifying features: Identified by prints by Det. Sgt. Scott Dunn at 0228 hours

Clothing description: Removed by Santa Rosa Memorial Hospital Emergency Department staff

Property removed: None by me ☐ Property record attached

Residence sealed, date: time: | Released to:

If vehicle involved: ☐ Driver ☐ Motorcyclist ☐ Cyclist ☐ Passenger ☐ Pedestrian ☐ Airbag ☐ Seatbelt ☐ Helmet ☐ Skateboard ☐ Motorized Wheelchair ☐ ATV

Make: | Model: | Lic Plate: | Vehicle dispositon:

Weapon description | Weapon dispositon:

Photos by: SCSD CSI & D#22 | ☐ Polaroid ☑ 35mm ☐ Video ☑ Digital | Disposition: Sonoma County Sheriff's & Cas

MEDICAL INFORMATION

Primary physician: **Unk.**	Phone number:	Date last seen:
Other physician:	Phone number:	Who will sign D.C **Coroner**

Diagnosis: **Gunshot wound to left back area**

Medical history: **Unk.**

Surgical procedures **Unk.**

Medications: **Unk.**

☐ **Tobacco history:**	☐ **Alcohol history:**	☐ **Illicit drugs:**	**Drug history:**

Cardiac history:	☐ **Unk**	☐ **None**	☐ **Hypertension**	☐ **Arrhythmia's**	☐ **Heart attacks**

Heart attack(s) date(s):

☐ **Cardiac surgery**	☐ **Bypass**	☐ **Specific heart disease**	Disease:

Cardiac:

☐ **Diabetes Mellitus** Type:	☐ **Stroke** Stroke date(s):
☐ **Cancer** Of what:	When diagnosed:

Other disease(s) and condition(s):

HOSPITAL INFORMATION

Hospital: **Santa Rosa Memorial Hospital**

Arrival date: **01/28/2005** time: **2248**	Method of transportation: **Ambulance Sonoma Life Support Medic #767**	☑ **AdmissionBlood**

☐ **Donor Bank notified**	Date:	Time:	Donor Bank name:

MORTUARY INFORMATION

Where body stored: ☑ **CMF** Other: Mortuary: **Santa Rosa Mortuary**

NARRATIVE

Scene:

The death occurred at the Santa Rosa Memorial Hospital Emergency Department

The scene of the officer involved shooting was near the [redacted] Complex, [redacted] Snyder Lane, Rohnert Park.

Body:

The decedent was supine on a hospital gurney with a large incision to the left side of the chest where a chest tube was in place, the decedent per Emergency Department personnel, had a gunshot wound to the left back area, there was an intubation tube in place and a large bore line in the right femoral area.

The decedent's body was brought by me to the County Morgue Facility where I Bio-Sealed the decedent's body.

Investigation:

On 01/29/2005 at 0015 hours, Detective Sergeant Will Wallman paged me to telephone him at his residence. I telephoned Detective Sergeant Will Wallman and he advised me that he was informed that a Rohnert Park Department of Public Safety officer had been involved in a shooting, and the subject that was shot by the officer had died at the Santa Rosa Memorial Hospital Emergency Department. Detective

Sergeant Will Wallman requested after I completed my other case, to ascertain when a Coroner's Office investigator would be needed to respond to Memorial Hospital.

At 0050 hours, I arrived at the Santa Rosa Memorial Hospital Emergency Department and Crime Scene Investigation Unit Detective Sergeant Scott Dunn and Deputy Henry Boustany were in the trauma room with the decedent. Deputy Boustany had arrived at the hospital to keep watch over the decedent after the shooting. The decedent, later identified by CAL-id, was 30 y/o TERRY LEE GRINNER, JR. The decedent was brought to the Santa Rosa Memorial Hospital Emergency Department by Sonoma Life Support Medic #767, arriving at 2248 hours. Dr. [redacted] over saw code blue protocol and pronounced death when life saving efforts failed. Dr. [redacted] pronounced the decedent's death at 2326 hours.

The decedent had at least one gunshot wound to the left side area of the back. Crime Scene Investigation Detective Sergeant Scott Dun was taking 35mm photographs of the decedent. I took several digital photographs for the case file. I could observe the decedent had a large open incision to the left side of the chest where a chest tube was put in place by emergency trauma room personnel. The decedent was intubated and he had a large bore line inserted in the right femoral area. Detective Sergeant Dunn completed the Gun Shot Residue test and lifted prints from the decedent, so to identify him due to the decedent had no identification on his person when he arrived at the hospital. Detective Sergeant Dunn then bagged both of the decedent's hands, and he and Deputy Boustany assisted me in placing the decedent in a body bag.

The Santa Rosa Memorial Hospital Emergency Department staff copied their trauma flow sheet chart and laboratory results. Two chest x-rays had been taken on the decedent and the x-ray department made copies per my request. I went to the Pathology Laboratory and retrieved the decedent's admission blood. I telephoned the Sonoma Life Support OPS supervisor and requested the Patient Care Report by Medic #767 to be faxed to the Coroner's Office. I telephoned Detective Sergeant Will Wallman and informed him that I would be handling the death investigation, and it would not be held over for the dayshift detective due to the Crime Scene Investigation Unit was completed with processing the decedent at the hospital.

Deputy Boustany assisted me in placing the decedent's body into my coroner's van. I transported the decedent's body to the County Morgue Facility with Deputy Boustany following me in his patrol unit, arriving at 0158 hours. Deputy Boustany assisted me in placing the decedent in a Bio-Seal bag.

At 0228 hours, I was contacted by Crime Scene Investigation Unit Detective Sergeant Scott Dunn, and the prints he had taken from the decedent, identified the decedent as Terry Lee Grinner Jr. Det. Sgt. Dunn then advised me to call Violent Crimes Investigation Unit Detective Sergeant Steve Freitas about the next of kin notification. I telephoned Det. Sgt. Freitas and requested that his unit, after they went and notified the decedent's next of kin of the death, telephone the Coroner's Office and provide the decedent's family information for the Coroner's Investigation Report.

I completed the ConMed X-ray form and requested dayshift Coroner's Detective Jim Cheney to telephone the x-ray technician and have the x-ray technician respond to the County Morgue Facility to complete the full body x-rays on the decedent.

At the time of completing this report, I did not have any information on how the Officer Involved Shooting occurred except there was a pursuit of a vehicle by a Rohnert Park Department of Public Safety officer and shots were later fired at the end of the pursuit. Rohnert Park Department of Public Safety invoked the Critical Incident Protocol and requested the Sonoma County Sheriff's Department to investigate the Officer Involved Shooting.

An examination will be conducted by a staff pathologist from the Forensic Medical Group with representatives from the Sonoma County Sheriff's Department Violent Crimes Investigation Unit and Crime Scene Investigation Unit attending.

On 01/29/2005 at 0705 hours, I was paged by dispatch at my residence regarding the next of kin notification by Detective Adrian Mancilla and Detective Glenn Lawrence. I telephoned Detective Mancilla, and he informed me that he had notified the decedent's, mother, [redacted] of the decedent's death at

0630 hours, this date.

No further information at this time.

Additional Contacts:

Rohnert Park Department of Public Safety
Officer involved in a shooting
Invoked Critical Incident Protocol

Sonoma County Sheriff's Department (Investigating the O.I.S.)
Violent Crimes Investigation Unit
Crime Scene Investigation Unit

Detective **Detective John Benyak**	Date: **1/29/2005** Time: **0545**	Approved by: WWS-7 APR 12 2005

Forensic Medical Group, Inc.

1860 Pennsylvania Ave. Ste 150
Fairfield, California 94533

Brian L. Peterson M.D.
Mark A. Super M.D.
Arnold R. Josselson, M.D.

Sherie Smalley, M.D.
Ikechi O. Ogan, M.D.
Gregory D. Reiber, M.D.
Kelly A. Arthur, M.D.

☒ **AUTOPSY** ☐ **EXTERNAL EXAMINATION**

NAME: GRINNER JR., TERRY LEE **CASE NO. 05-0141 (SON05-046)**

POSTMORTEM DATE: 01-31-05 **TIME: 0900 hours**

PLACE OF DEATH: Santa Rosa Memorial Hospital **DATE: 01-28-05 TIME: 2326 hours**

AGE: 30 **SEX: Male** **RACE: Black**

AUTOPSY FINDINGS:

1. Gunshot wound of torso.
   A. Entrance: Left mid back.
   B. Injuries: Perforation of left posterior chest wall and descending thoracic aorta.
   C. Associated Injuries: Extensive adventitial hemorrhage around aorta, esophagus and trachea; adventitial hemorrhage tracking proximally to pericardium and neck; fractures of left ribs 8 and 7 posteriorly and their transverse processes; disruption of blood vessels and nerves along wound tract; residual left hemothorax; serosanguineous fluid in right chest and pericardial cavity.
   D. Recovery: Intact moderately-deformed large-caliber partial-metal jacketed bullet in aortic arch adventitia.
   E. Path: Back to front, upward and slightly rightward.
   F. Range: Indeterminate (refer to clothing analysis).
2. Status-post left thoracotomy with chest tube placement (1/28/05).
3. Minor abrasions of right hip, forearms, back of left thumb and right fourth and fifth fingers, and right knee.
4. Atelectasis, left lung.
5. Pulmonary edema.
6. Cerebral edema.
7. Toxicology, hospital blood sample:
   A. D-methamphetamine 0.86 mg/L.
   B. D-amphetamine 0.14 mg/L.
   C. No THC, ethyl alcohol or other common acidic/neutral/basic drugs detected.
8. History that the deceased was shot by a police officer.

CAUSE OF DEATH: Penetrating Gunshot Wound of Torso, (minutes).

Kelly A. Arthur

KELLY A. ARTHUR, M.D.
Forensic Pathologist

KAA/tn
D: 01-31-05; T: 02-03-05; F: 2/28/05

RECEIVED
FEB 28 2005

Phone: (707) 429-6897 Fax: (707) 426-1690

The autopsy is conducted at the Sonoma County Sheriff-Coroner's Morgue Facility in Santa Rosa, CA, beginning at 0900 hours on 01-31-05. Witnesses include Carlos Basurto, Jason Craver (Sonoma County Sheriff's Department), [redacted] (Sonoma County District Attorney's Office), [redacted] (Autopsy Assistant), and [redacted] (Intern).

EXTERNAL EXAMINATION:

The body is received in a Bio-sealed bag with "Terry Grinner Jr., 05-0141, JB, OIS RPDPS (SCSO Investigating)" inscribed on the front. A packet containing four vials of hospital admission blood is taped to the front of the bag. The body is additionally contained within a white zipped body pouch. An identified by a tag is around the right great toe. The hands are bagged. Identification photographs are taken. A skeletal survey of radiographs is taken postmortem. Fingerprints and GSR samples were taken prior to autopsy, by report. Fingernail trimmings are obtained at autopsy.

When first viewed, the body is nude. He is accompanied by bloody sheets and towels. There are no personal effects or jewelry.

The body is that of a normally developed, well-nourished and muscular Black male whose appearance is compatible with the recorded age of 30 years. His body, nude, weighs 166 ½ pounds (75.4 kg) and measures 63 ½ inches (161 cm) in length. The body is cold subsequent to refrigeration, rigor mortis is fully developed, and lividity is difficult to see in the setting of dark colored skin. It appears to be fixed on the back of the body. Preservation is good in the absence of embalming.

The scalp hair shows slight frontal receding. It is dark brown, tightly curly and approximately 2 ½ inches in maximum straightened length. A dark-brown to black well-groomed moustache and beard are present. The irides are brown and the corneas are slightly cloudy. There are no petechiae of the bulbar or palpebral conjunctival surfaces. The left earlobe is pierced twice. The ears, nose and lips are normally formed. The teeth are natural and in good condition. The neck is symmetrical and the trachea is palpated in the midline. The chest shows an open left thoracotomy incision and is otherwise unremarkable. The abdomen is flat. The external genitalia are that of a normal adult male. The anus and perineum are unremarkable. The back and buttocks show no evidence of natural disease. There is a gunshot wound of the left mid back to be described. A small piece of broken thin slightly curved glass with black residue is on the right upper buttocks. The extremities are normally developed, symmetrical and muscular. No distinct firearms residue is on the hands; black smeared ink is on some of the fingertip pads.

IDENTIFYING MARKS AND SCARS:

A 5 x ¾ inch vertical dark tattoo of a cylinder containing the apparent letters "MAC" on a stick is on the right outer upper arm. A 5 ½ x 1 ¼ inch vertical tattoo black and red tattoo of three chain links containing the apparent letters "L", "C" and "N" from top to bottom and the dark script word "Inphamous" above the chain links is on the left outer upper arm.

Vague punctate hyperpigmented scars are on the back.

EVIDENCE OF THERAPY:

An endotracheal tube is in the mouth, terminating in the mid trachea. It is secured around the neck with a Velcro collar. A tube emerges from the left nostril; it is coiled in the oropharynx and extends a small distance into the proximal esophagus. An intravascular catheter is in the right inguinal region. Gauze and tape dressings are in the right antecubital fossa and on the back of the right hand. Hospital identification bands are around the left wrist and right ankle.

An 11 ½ inch gaping left thoracotomy incision is between ribs five and six. The collapsed left lung is visible through the defect. A chest tube is through the skin and soft tissues beneath the thoracotomy; it is not in the chest cavity.

EVIDENCE OF INJURY:

GUNSHOT WOUND OF THE TORSO:

Entrance: On the left mid back, 18 ¾ inches below the top of the head and two inches left of posterior midline, is a 3/8 inch oval gunshot wound of entrance. An eccentric red margin abrasion is from the 4 to 8 o'clock positions at the inferior borders of the wound, maximally 1/8 inch wide. No soot or stippling is on the skin. There is vague purple contusion around the entrance wound, ~4 inches in greatest dimension.

Injuries: The bullet sequentially perforates the skin and soft tissues of the left mid back, the left eighth rib and transverse process, the left seventh rib and transverse process, grazes the left side of vertebral body T7, then perforates the descending thoracic aorta as a 1.5 cm stellate wound with a 3 cm linear partial thickness tear of the inner aortic wall directed superiorly followed by a 1.8 cm area of sparing and a 1 cm stellate perforation of the intima and media of the aortic arch adjacent to the left subclavian artery ostium with penetration into the adventitia.

Associated Injuries: Left ribs seven and eight posteriorly and their transverse processes have fractures posteriorly. Small arteries and nerves adjacent to the left side of the vertebral column are disrupted. Dense hemorrhage is within the aortic adventitia in the chest, around the esophagus and trachea, and in the subpleural space of the left posterior chest wall. Adventitial hemorrhage tracks proximally to the pericardium, and is in the prevertebral space and along the common carotid artery in the neck where hemorrhage dissects into fascial planes around the strap muscles. Fluid in the pericardial cavity is blood-tinged and of the usual amount. The open left chest cavity contains a residual 50 ml of liquid blood. The right chest cavity contains approximately 20 ml of serosanguineous fluid.

Recovery: An intact moderately-deformed large-caliber partial-metal jacketed bullet is recovered within the adventitia of the distal aortic arch.

Path: The direction of the bullet is back to front, upward and slightly rightward. The trajectory length inside the left chest cavity is approximately 15 cm.

Range: No firearms residue is on the skin or in the wound track. The range of fire is not determinable on the basis of autopsy findings. Refer to separate clothing analysis.

OTHER INJURIES:

A few oblique red-brown linear abrasions up to 1 inch overly the right anterior superior iliac spine.

On the back of the right proximal forearm near the elbow is a ½ inch brown abrasion. A 3/8 inch tan round dry abrasion or thermal injury is on the back of the left forearm. A few red-brown abrasions up to ¼ inch are on the back of the left thumb and back of the right fourth and fifth fingers. A ¾ inch brown round abrasion is on the right knee.

These injuries, having once been described, will not be repeated.

INTERNAL EXAMINATION:

The body is examined using the standard Y-shaped thoraco-abdominal and posterior scalp incisions.

BODY CAVITIES:

See previous description. The abdominal cavity has no abnormal collection of fluid. The body cavities have no adhesions. Subcutaneous fat of the anterior abdominal wall measures approximately 1 inch.

HEAD:

The scalp, subscalpular area and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical with an unremarkable gyral pattern. The cranial nerves are unremarkable. The blood vessels at the base of the brain show no atherosclerosis. The brain weighs 1380 grams and is relatively firm. Sections through the cerebral hemispheres, cerebellum and brainstem reveal normal internal architecture. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles are of the expected size and contain no blood.

NECK:

See previous description. The anterior soft tissues of the neck and the bellies of the strap muscles have no hemorrhage. The hyoid bone and larynx are intact. The atlanto-occipital articulation is palpably intact. The cervical vertebral column is unremarkable.

CARDIOVASCULAR SYSTEM:

See previous description. The intimal surface of the thoracic and abdominal aorta is free of atherosclerosis. The aorta and its major branches and the great veins are normally distributed. The pericardium and epicardium are smooth, glistening, and show no evidence of natural disease. The heart weighs 340 grams and has normal external architecture. The coronary arterial system is right dominant and is free of atherosclerosis. The endocardium is smooth and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The atrial and ventricular septa are normally formed. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal abnormalities.

RESPIRATORY SYSTEM:

See previous description. The upper airway is unobstructed. The mucosa of the larynx and trachea is smooth and tan, without petechiae. The lungs show normal lobation, and the pleural surfaces are edematous. The left lung is collapsed in the chest cavity and weighs 360 grams. The right lung weighs 500 grams. The pulmonary arteries contain no emboli and show no fatty streaking. The mucosa of the major bronchi is tan. The bronchial and distal tracheal lumens contain a small amount of bloody mucous. Sectioning of the lungs discloses a red-blue, moderately congested and markedly edematous parenchyma without masses or areas of consolidation. The left lung is atelectatic.

HEPATOBILIARY SYSTEM:

The 1270 gram liver is normally shaped and covered by a smooth, glistening, intact capsule. The parenchyma has a uniform consistency; it is brown and has no focal lesions. The porta hepatis is unremarkable. The gallbladder contains less than 2 ml of green thin bile and no calculi. The extrahepatic biliary ducts are unremarkable.

DIGESTIVE SYSTEM:

The tongue is unremarkable externally and on sectioning. The esophageal mucosa is gray-white and unremarkable. The stomach contains less than 10 ml of tan clear liquid and no food particles. There are no identifiable tablets, capsules, or pill fragments. The gastric mucosa has normal rugal folds and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present and unremarkable. The pancreas is unremarkable externally and on sectioning.

GENITOURINARY SYSTEM:

The renal capsules strip with ease, revealing smooth cortical surfaces. The right kidney weighs 110 grams and the left kidney weighs 140 grams. The cortices are of normal thickness and the corticomedullary junctions are distinct. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 150 ml of clear yellow urine. The mucosa is white-pink and smooth. The prostate gland is unremarkable.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable externally and on sectioning.

RETICULOENDOTHELIAL SYSTEM:

The 90 gram spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM:

See previous description. The clavicles, other ribs, sternum, pelvis, remainder of the vertebral column, and extremities have no visualized or palpable fractures. Skeletal muscle is dark red and well-developed. The diaphragm is intact.

SPECIMENS FOR HISTOLOGY:

Representative sections of the major organs are retained in formalin.

SPECIMENS FOR TOXICOLOGY:

Femoral blood, chest cavity blood, urine and vitreous humor are retained. Four vials of hospital admission blood are received with the body and are submitted for complete toxicology screen. Skeletal muscle is retained.

POSTMORTEM RADIOGRAPHS:

A total of 23 plain film x-rays are taken of the entire head, body and extremities. One deformed radio-opaque projectile is adjacent to the vertebral column in left upper chest shadows.

EVIDENCE COLLECTED:

Fingernail trimmings, the recovered bullet and the broken piece of glass on the right buttocks are released to Sonoma County Sheriff's Office.

KAA/tn
D: 01-31-05
T: 02-02-05

CENTRAL VALLEY TOXICOLOGY, INC.

Case Name: Grinner Jr, Terry

TOXICOLOGY NUMBER: CVT-05-2061

Specimen Description: Hospital samples: 10 ml blood (4 vials) each labeled "Grinner Jr, Terry; SCCMF; 05-0141; 1/31/05; Charlie T 219"

Delivered by	Date	Received by	Date
GSO	02-Feb-05	Bill Posey	02-Feb-05

Request: Complete Drug Screen & THC 05-0141

Requesting Agency
Sonoma Co. Sheriff/Coroner
Attn: Sgt. Will Wallman
3336 Chanate Road
Santa Rosa CA 95404

Report To
Sonoma Co. Sheriff/Coroner
Attn: Records
3336 Chanate Road
Santa Rosa CA 95404

RESULTS

Specimen: Hospital Blood Sample

Complete Drug Screen: Methamphetamine detected. Specific drug assay for THC performed.
No other common acidic, neutral or basic drugs detected.
No blood Ethyl Alcohol detected.

Cannabinoids (THC metabolite) by Immunoassay = Negative

d-Methamphetamine = 0.86 mg/L
d-Amphetamine = 0.14 mg/L

Blood Methamphetamine Ranges		Blood Amphetamine Ranges	
Effective Level:	(0.01 - 0.10 mg/L)	Effective Level:	(0.03 - 0.25 mg/L)
Potentially Toxic:	(0.2 - 0.6 mg/L)	Potentially Toxic:	(0.2 - 3.0 mg/L)

B. L. Posey February 09, 2005

Analyst

B.L. POSEY
S.N. KIMBLE
Directors
1521 Tollhouse Road Suite J
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Phone (559) 323-9940
Fax (559) 323-7502

RECEIVED
FEB 15 2005