

OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
Nashville, Tennessee

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Marshall County Medical Examiner: Kenneth Phelps Jr. M.D.

Judicial District Number: 17

District Attorney: Honorable Robert Carter

State Number: 20-59-0011

Case Number: MEC20-1468

Name of Decedent William Edward Jennette Jr.		Age 48 Years	Race White	Date of Birth 01/17/1972	Sex Male
Address 4108 Lunn's Store Rd, Lewisburg, TN 37091					
Date of Death 05/06/2020 3:50 AM	Type of Death In Jail/Prison/In Police Custody		Investigating Agency/Complaint #: Marshall County Sheriff		
Place of Death Marshall Medical Center ER, Lewisburg, TN					
Narrative Summary <p>EMS responded to the Marshall County Jail for a report of an inmate bleeding due to laceration. While going to the jail, dispatch stated that CPR was in process. When EMS arrived on scene, the CO's had the inmate in handcuffs and leg shackles lying in the floor and were doing CPR and had an AED in place. They advised they had done one round of CPR and AED advised no shock advised. EMS cardiac monitor placed and showed asystole. Leg shackles were removed and ACLS was started. Handcuffs were not removed due to ongoing CPR. Patient transported to Marshall County Medical Center where time of death was noted at 0350. Case was turned over to Detective and MEI.</p> <p>John Reese MEI</p>					
Jurisdiction Accepted Yes		Autopsy Ordered Yes		Toxicology Ordered Yes	
Physician Responsible for Death Certificate Feng Li, M.D., J.D., Ph.D.					
Cremation Approved No		Funeral Home Terrell Broady Funeral Home			
Cause of Death Acute combined drug intoxication (methamphetamine and diphenhydramine)					
Contributory Cause of Death Asphyxia					
Manner of Death Homicide					

**OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
850 R.S. Gass Blvd.
Nashville, Tennessee 37216-2640**

**CASE: MEC20-1468
County: MARSHALL**

AUTOPSY REPORT

NAME OF DECEDENT: JENNETTE, WILLIAM EDWARD JR. RACE: W SEX: M AGE: 48

DATE AND TIME OF DEATH: May 6, 2020 at 3:50 a.m.

DATE AND TIME OF AUTOPSY: May 7, 2020 at 9:35 a.m.

FORENSIC PATHOLOGIST: Feng Li, M.D., J.D., Ph.D.

COUNTY MEDICAL EXAMINER: Kenneth Phelps Jr., M.D.

DISTRICT ATTORNEY GENERAL: Honorable Robert Carter

PATHOLOGIC DIAGNOSES

Adult white male inmate with an unknown past medical history:

1. Multiple abrasions, lacerations and contusions.
 2. Patchy subgaleal hemorrhage.
 3. Multiple rib fractures.
 4. Patchy periaortic soft tissue hemorrhage, aortic arch.
 5. Marked pulmonary congestion and edema with patchy anthracosis and a few emphysematous bullae.
 6. Cholelithiasis.
 7. Small cysts, right kidney.
 8. Cutdowns on the wrists and ankles demonstrate areas of subcutaneous soft tissue hemorrhage.
 9. A tattoo.
 10. Postmortem toxicologic studies indicate the presence of multiple substances in the blood.
-

CAUSE OF DEATH:	Acute combined drug intoxication (methamphetamine and diphenhydramine)
CONTRIBUTORY CAUSE OF DEATH:	Asphyxia
MANNER OF DEATH:	Homicide
CIRCUMSTANCES OF DEATH:	Subdued and restrained by officers during struggle while under the influence

I hereby certify that I, Feng Li, M.D., J.D., Ph.D., have performed an autopsy on the body of William Edward Jennette Jr. on May 7, 2020 at 9:35 a.m. at Center for Forensic Medicine. The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General. The facts and findings to support these conclusions are filed with the Tennessee Department of Health. The autopsy was performed in the presence of David Zimmerman, M.D.

EXTERNAL EXAMINATION

The body is that of an adult white male measuring 71 inches and weighing 219 pounds. The body is normally developed and appears consistent with the given age of 48 years. He is received with a cut green shirt and cut green pants. Postmortem changes consist of fixed posterior livor mortis and moderate rigor mortis.

The scalp hair is brown, curly and short with male pattern baldness. The corneas are clear. The sclerae and conjunctivae are injected. No discrete petechiae are present. The irides are brown. The mouth contains natural teeth with a few missing. There is stubble brown mustache and beard present. The palate and frenula are intact. The ears and nose show no abnormalities. The neck is of normal configuration and there are no palpable masses. The thorax is symmetrical. The abdomen is flat. The axillae, external genitalia, and anus are without trauma. The extremities are symmetrical and normally developed. There are a few well-healed scars on the extremities.

Identifying marks include a tattoo on the left chest, which is documented by digital photography.

Evidence of emergency medical intervention includes an endotracheal tube, EKG pads, defibrillator pads, an intraosseous catheter on the right lower leg, and a hospital wristband with a medical record number "1451104" on the right wrist.

EVIDENCE OF INJURY:

External examination reveals multiple abrasions on the forehead, cheeks, chin, neck, chest, abdomen, and on the extremities. There are multiple contusions on the extremities and on the back. There are small lacerations on the right side of the top of the head and on the left forehead.

There are red colored marks on both wrists and both ankles, consistent with handcuff marks and ankle shackle marks. Cutdowns of the wrists on the bony prominences reveal patchy subcutaneous hemorrhage. Cutdowns on the ankles on the bony prominences demonstrate patchy subcutaneous tissue soft tissue hemorrhage, except for the right lateral aspect of the ankle.

Internal examination reveals patchy subgaleal hemorrhage, mainly on the right frontal region; multiple rib fractures, including left lateral ribs 2-6 and right lateral ribs 2, 3, 5 and 6, all with associated soft tissue hemorrhage; and patchy periaortic soft tissue hemorrhage on the aortic arch.

Having been mentioned above, these injuries will not be repeated below, except as needed for clarification.

INTERNAL EXAMINATION

The organs occupy normal positions. There are no fluid collections or mass lesions. There are patchy adhesions around both lungs.

HEAD AND NECK: The skull is without fractures. There is no epidural, subdural or subarachnoid hemorrhage. The brain weighs 1380 grams. The vasculature overlying the cerebral hemispheres is congested. The structures at the base of the brain, including cranial nerves and large vessels, are intact. Serial sections through the cerebral hemispheres, cerebellum, and brain stem reveal no tumor or evidence of infection.

The neck is without soft tissue hemorrhage or palpable fracture and the structures surrounding the upper airway are intact. Sections through the thyroid gland and tongue are unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 430 grams. The epicardium is intact and smooth. The coronary arteries arise from unobstructed ostia, follow the usual distributions, and are without significant arteriosclerosis. The cardiac valves are normally formed and the chambers are of usual dimensions. The atrial and ventricular septa are intact. The myocardium is red-brown, firm and measures 1.5 cm for the left ventricle and interventricular septum, and 0.4 cm for the right ventricle. The aorta and its major branches are intact and otherwise unremarkable.

RESPIRATORY SYSTEM: The right lung weighs 860 grams and the left lung, 660 grams. There is patchy anthracosis noted. There are a few emphysematous bullae noted. The pulmonary arteries are without thromboemboli on initial incision into the pulmonary trunk and on dissection. On sectioning, the pulmonary parenchyma is moderately to markedly congested, edematous, and without other focal lesions.

DIGESTIVE SYSTEM AND LIVER: The esophagus is unremarkable with a sharp gastroesophageal junction. The unremarkable stomach contains approximately 50 cc of food chyme. The duodenum, small intestines, appendix, and large intestines are unremarkable. The liver weighs 2140 grams. It is congested and intact. The parenchyma is red-brown and soft without focal lesions. The gallbladder contains approximately 21 cc of bile and a few yellow colored gallstones, measuring 1/8 inch in diameter each. The extrahepatic bile ducts are patent and unremarkable. The pancreas is unremarkable.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 250 grams. There is a normal distribution of unremarkable lymph nodes. The thymus gland is atrophic.

GENITOURINARY SYSTEM: The right and left kidneys weigh 170 grams and 180 grams, respectively. The subcapsular surfaces are smooth, except for the right kidney containing small cysts. The cortices are of normal thickness with sharp corticomedullary junctions. The calyces, pelves, and ureters are patent and unremarkable. The unremarkable urinary bladder contains approximately 375 cc of urine.

Serial sections of the bilateral testes reveal no evidence of trauma. Serial sections of the prostate demonstrate no gross abnormality.

ENDOCRINE SYSTEM: The pituitary, thyroid, parathyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is unremarkable.

TOXICOLOGY: The following specimens are submitted for possible toxicologic analysis: blood and vitreous humor. A separate report will be issued.

SUMMARY OF CASE

This 48-year-old white male inmate was reportedly beating a door with his head and fist. They went into his cell to place him into a chair for his protection and when entering the inmate's cell, he began to fight the officers. He was pepper-sprayed twice and taken to the ground. He was placed in handcuffs and leg shackles in a prone position. Surveillance videos clearly show that several officers tried to subdue and restrain him by putting knee(s) and arms on the back of the inmate and bending his legs toward his buttocks during the struggle. Officers called EMS to examine him due to a laceration. He began to change colors and CPR was initiated. EMS arrived on scene and performed ACLS and transported to Marshall Medical Center ER. He was pronounced shortly after arrival. An autopsy was performed on May 7, 2020, at the Marshall County Medical Examiner's request.

Major autopsy findings include an adult white male with multiple abrasions, contusions, lacerations, a tattoo, and marks on the wrists and ankles consistent with the handcuffs and ankle shackles upon external examination. Internal examination reveals patchy subgaleal hemorrhage, multiple rib fractures with associated soft tissue hemorrhage, patchy periaortic soft tissue hemorrhage on the aortic arch, marked pulmonary congestion and edema with patchy anthracosis and a few emphysematous bullae, gallstones, and small cysts of the right kidney.

Cutdowns of the wrists and ankles demonstrate patchy subcutaneous soft tissue hemorrhage.

Postmortem toxicologic studies indicate the presence of multiple substances in the blood, including methamphetamine (150 ng/mL), amphetamine (24 ng/mL), and diphenhydramine (720 ng/mL).

Based upon the circumstances surrounding death, as currently known, the cause of death is acute combined drug intoxication (methamphetamine and diphenhydramine). A contributory cause of death is asphyxia. The manner of death is consistent with homicide.

*****Electronically signed by Feng Li, M.D., J.D., Ph.D. on Monday, July 6, 2020*****

Feng Li, M.D., J.D., Ph.D.
Senior Associate Medical Examiner

FL/pc T: 05/21/2020



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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

Toxicology Report

Report Issued 05/27/2020 11:00

To: 10341
Forensic Medical Management Services - Nashville
850 R.S. Gass Blvd.

Nashville, TN 37216

Patient Name JENNETTE, WILLIAM E
Patient ID MEC#20-1468
Chain NMSCP56706
Age 48 Y DOB 01/17/1972
Gender Male
Workorder 20144512

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Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Naloxone, Diphenhydramine, Amphetamine, and Methamphetamine.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Row 1: 8042B, Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

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 05/12/2020.

Handwritten signature and date: FL 6-10-20

**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Naloxone	Positive	ng/mL	1.0	001 - Femoral Blood	LC/TOF-MS
Diphenhydramine	720	ng/mL	50	001 - Femoral Blood	LC-MS/MS
Amphetamine	24	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Methamphetamine	150	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. Diphenhydramine (Benadryl®; Ingredient of Benylin and Panadol; Nytol; Unisom) - Femoral Blood:

Diphenhydramine is an antihistamine with sedative and anti-emetic effects. It is rapidly absorbed following oral administration; however, it is frequently given IV. Patients taking this medication are usually warned against the operation of complicated machinery, because of its strong sedative effects. Following a single 50 mg oral dose of diphenhydramine, peak plasma concentrations at 2.3 hr averaged 66 ng/mL.

Signs and symptoms of acute diphenhydramine toxicity include tremor, seizures, fever, respiratory depression and cardiac arrhythmias. The average blood diphenhydramine concentrations reported in fatal overdoses were 1400 ng/mL in infants, 4400 ng/mL in children and 15000 ng/mL in adults.

The blood to plasma concentration ratio for diphenhydramine is approximately 0.80.

3. 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.



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Workorder 20144512
Chain NMSCP56706
Patient ID MEC#20-1468

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Reference Comments:

4. Naloxone (Narcan®) - Femoral Blood:

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdose. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

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

Sample Comments:

- 001 Physician/Pathologist Name: FEND LI, M.D.
001 County: MARSHALL
001 Autopsy ID: 20-1468

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 20144512 was electronically signed on 05/27/2020 10:20 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 52441B - Diphenhydramine Confirmation, Blood - Femoral Blood

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

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Row 1: Diphenhydramine, 50 ng/mL

Acode 52483B - Amphetamines Confirmation, Blood - Femoral Blood

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

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Rows include Amphetamine, Ephedrine, MDA, MDEA, MDMA, Methamphetamine, Norpseudoephedrine, Phentermine, Phenylpropanolamine, Pseudoephedrine.

Acode 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Femoral Blood

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



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Workorder 20144512
Chain NMSCP56706
Patient ID MEC#20-1468

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Analysis Summary and Reporting Limits:

<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

-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.